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Have You Been Eating the Dead?
Finding Balance through Natural Medicine in Mexico City

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MPhil in Social Anthropology
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I declare that this thesis has been composed entirely by me and is my own work. No part of this thesis has been submitted for any other degree or professional qualification.

Kimberly R. Sigmund

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Abstract

After a century of biomedical dominance in Mexico, multiple forms of complementary and alternative medicine (CAM) are now openly being practiced throughout the country. However, almost all CAM are unrecognised and unregulated by the Mexican Government. Currently, a resurgence of interest in natural healing methods is visible in both the proliferation of shops selling ‘natural items’ and clinics for natural healing. This interest is influenced by the population’s overall dissatisfaction with the corrupt and underfunded national health system, the lack of conformity by biomedical doctors to Mexican social norms, and the lack of results that patients see after using biomedicine.

This thesis explores this phenomenon through a version of CAM in Mexico called *naturismo*, or natural medicine. Drawing on ethnographic data, I discuss the unique medical epistemologies that are utilised within *naturismo* which, as I will demonstrate, separate *naturismo* from both traditional medicine and biomedicine. Using rhetoric about the dichotomy between a clean or dirty body as an indicator for health, and the necessity of a vegetarian diet and ‘natural’ remedies to regain health, the practitioners of *naturismo* (*los médicos naturistas*) attempt to challenge their patients’ perceptions about what it means to be healthy, and what a ‘good healer’ is. Their focus on the use of natural remedies and vegetarianism are packaged to patients as an alternative lifestyle and healing method, as well as the ‘traditional’ way that Mexicans lived before the Spanish conquest. This digression from modern medical and dietary norms is discussed in reference to the ‘toxic’ and ‘dirtying’ effects of allopathic medications and the Mexican urban diet that relies heavily on processed foods and a profusion of meat.

Overall, I argue that *naturistas* appear to be subverting biomedical dominance and challenging modern healthcare and dietary norms in Mexico by looking to and glorifying a pre-Hispanic ‘natural’ and healthier past. Likewise, the desire of *naturistas* to clean out and balance their patients’ bodies through natural remedies and vegetarianism appears to mirror a desire to oppose the hegemonic biomedical system in order to ‘balance’ the wider medicoscape and, by extension, modern Mexican society, which they see as inherently corrupt (dirty) and class-bound (unbalanced).

Glossary

<i>Barrio</i>	A neighbourhood, a sub-region of a <i>colonia</i>
<i>Brujo/a</i>	A witch
<i>Brujeria</i>	Witchcraft
<i>Cadaver(es)</i>	Cadavers, term used to refer to meat
<i>Carne</i>	Meat
<i>Cena</i>	Dinner, usually a light meal or snack
<i>Chilango</i>	A person who was born in and resides in Mexico City
<i>Colonia</i>	Literally ‘a colony’, a sub-region of a <i>delegacion</i>
<i>Comida</i>	The main meal of the day
<i>Curanderismo</i>	Mexican Traditional Medicine
<i>Curandero</i>	A general term for a folk/traditional healer
<i>Delegacion</i>	A borough of Mexico City
<i>Equilibrio</i>	Equilibrium
<i>Espiritista/a</i>	Practitioner of spiritualism
<i>Espiritismo</i>	Spiritualism, a religiously-based healing method
<i>Hacienda</i>	A ranch-style building in which rooms are built around an open-air, central courtyard
<i>Herbolaria</i>	The study of plant and herbal remedies
<i>Los Muertos</i>	The dead, used to refer to meat
<i>Medicamento</i>	A medicine
<i>Medicina Alopata/Alopatía</i>	Allopathic Medicine (Biomedicine)
<i>Medicina Natural</i>	Natural Medicine
<i>Médico Naturista/Naturista</i>	A practitioner of natural medicine
<i>Naturismo</i>	An alternate term for natural medicine
<i>Limpiar</i>	To clean
<i>Limpio</i>	Clean
<i>Plática</i>	A lecture/informal course

<i>Remedio</i>	A remedy
<i>Sucio</i>	Dirty
<i>Tienda</i>	A shop. Used to refer to both shops that sell food and goods, and to natural medicine pharmacies
<i>Secretaria de Salud</i>	The section of the government that regulates and manages the healthcare system
<i>Seguro Popular</i>	Nationalised healthcare system, part of the wider government biomedical healthcare system
<i>Vegetariano/a</i>	A person who follows a diet free from animal flesh
<i>Vegetarianismo</i>	Vegetarianism, the practice of being a vegetarian
<i>Yerbero</i>	A folk/traditional healer who uses herbs and plants

Acronyms

CAM	Complementary and Alternative Medicine
CPD	Continued Professional Development
COFEPRIS	The Federal Commission for the Protection against Sanitary Risk
IMSS	Mexican Social Security Institute
ISSSTE	The State's Employees' Social Security and Social Services Institute
PRI	Partido Revolucionario Institucional (Institutional Revolutionary Party), the current governing political party
SSPH	System for Social Protection in Health (Seguro Popular)

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Chapter 1. Introduction

This thesis explores the practice of natural medicine (*naturismo*) in Mexico City. Specifically, my research focuses on the ways in which practitioners of *naturismo* (*los médicos naturistas*) create their own niche within the Mexican medicoscape by challenging existing conceptions of health in order to subvert the hegemonic role of biomedicine. In addition, the effort to redefine the health epistemologies of their patients appears to be an attempt to challenge class hierarchy and class-based stereotypes in Mexico. These will first be demonstrated through an analysis of the *naturistas*' focus on the clean or dirty state of the body as an indicator and catalyst for health or illness, and secondly on their insistence on vegetarianism as the preferred pre-Hispanic 'natural' diet.

Setting the Stage

Arriving in Mexico City¹, you cannot help but gawk at the sheer size of a city that calls itself home to approximately thirty million people. It sprawls, spreads and consumes everything it touches, covering the landscape with an amalgamation of houses, commercial centres, gated complexes, skyscrapers, apartment buildings and squat tin-roofed shacks. A largely urbanised country, almost eighty percent of the total population lives within the urban areas of Mexico (CDC, 2013; CIA, 2012; Connolly, 2003). When I arrived in August 2013, it was not the summer heat that struck me the most – at an elevation of 2,250 meters Mexico City actually has quite temperate weather. Nor was it the fact that this was the rainy season, when thunderstorms, torrential rainfall and flash floods would send the entire city scurrying to find shelter every afternoon and evening. What surprised me the most was the Western urban formality of the inhabitants.

¹ Mexico City, also called the Federal District or *Distrito Federal (DF)* is the capital of Mexico and the seat of the government.

Less chaotic than one might expect, Mexico City runs on its own perfectly imperfect schedule: with bodies, cars, buses, metros and trains moving like blood from the outer capillaries into the arteries and veins of the city. When something slows the flow, the backup begins quickly, as there are just too many bodies waiting to be moved from one place to the next – whether under their own power or that of another vehicle. *Chilangos*² are polite yet reserved almost all the time. A predominately Catholic country, family and social relations are very important to Mexicans and rudeness or extreme displays of emotions in public are frowned upon. (CIA, 2012; Crouch, 2004; Luna González, 2012; Nutini, 1997; Palma Mora, 2005). Their formality extends into their interactions when they are on the streets, standing quietly in the metro or queuing up for the bank, lunch, or a metro pass. Eye contact is only made when necessary, and it is uncommon to talk to strangers outside of interactions between a vendor and client.

Mexico City: like nowhere I had ever been, yet strangely familiar to my home in Southern California. While familiar with Mexico from shorter visits to the slower, more casual and less populated parts of Mexico, I found myself instantly overwhelmed with the sights, sounds, smells and faces of this dynamic city. Mexico City is similar to other large cities around the world in that there is a high amount of social inequality and wide variation between the rich and poor, with 15% of the total population living in poverty (Mautner, 2013; Newson & King, 2009). Social classes, racial and class-based stereotypes are strongly maintained and residents inhabit widely varied social and economic positions. A diverse and multicultural country, migrants from all corners of the country can be found within the capital city. Scattered throughout the city you find large communities of immigrants and expatriates from the USA, Canada, Western Europe, Asia, Central and South America (Mautner, 2013; WPR, 2015). Some come to Mexico City looking for a better life, taking any work they can find, like washing the windshields of cars stopped at traffic lights; while others arrive with already established high paying international positions in banks and embassies. The city is organised into sixteen

² People born in, and who live in Mexico City.

boroughs, or *delegaciones*. These regions vary widely in terms of economic and infrastructural development, with many of the outlying *delegaciones* being among the poorest in the city (Connolly, 2003; Lida, 2008; Mautner, 2013; Newson & King, 2009).

My goal upon arrival was to seek out *yerberos*, or those who healed with herbs, which in such a megapolis I found to be a daunting task. I wanted to study whether these alternative healers had been impacted by the newly implemented national healthcare service called ‘Seguro Popular’. But where does one find the unregulated and unregistered members of the complementary and alternative medicine (CAM) world? Google? The phone book? The back alleys and side streets in the city centre? Or in the shantytowns slowly creeping up towards the rim of the great valley in which Mexico City resides? The phrase “finding a needle in a haystack” seems apropos to explain the sheer size of the challenge I was facing. Yet I was lucky – maybe luckier than I could have ever hoped to be. The family I was staying with was a family of a friend of my Aunt, and they happened to have a friend who utilised the services of one of these herbal healers. During my first week in Mexico City he agreed to take me to meet the man himself!

The long drive across the city seemed to last forever while I tried to make small talk in Spanish with my new friend, meanwhile I was having an internal panic attack about meeting one of the informants I had been thinking about for months. When we eventually arrived I sat in the car with locked doors, fearful for my safety, while my friend found out what was happening inside the clinic. There was a sign posted above the bright purple gate he had entered proclaiming that in fact, a *médico naturista* named Ernesto did preside here. “Hmmmm” I thought to myself “what is a *médico naturista*? I thought we were coming to speak with a *yerbero*. I’ve never even heard of a *médico naturista*”. I quickly translated *médico naturista* to ‘natural healer’, concluding that they must be similar. However, I did not know if this was the type of person I wanted to research. When he returned to accompany me inside, my senses were quietly bombarded both with new and familiar sights and smells. The inside of the hacienda-style building was painted bright orange. A small vegetarian

café/restaurant sat at the entrance to the clinic complex, and between the café and the clinic was a hallway that led to a courtyard. As I walked by, smells of fresh tortillas and coffee laced with cinnamon wafted out along with the sounds of a Spanish-language pop song on an unseen radio. The courtyard held the *tienda* (pharmacy and shop), the patient waiting area, and the consultation area.



The waiting room, unusually empty

The pharmacy was large, fronted by a counter with large sliding windows through which women in white short-sleeved lab coats filled prescriptions and sold snacks, drinks, and natural food grocery items. The waiting area was three-sided and lined with a mural showing a scene of a rural town and benches covered with red cushions. A support beam on the fourth side held a television, which only showed static. Seated solemnly on the cushions were a collection of patients and their family members, neatly dressed and waiting patiently for their turn with the *médico*. On the other side of the waiting area a short hall led to a reception desk that guarded the consultation room. A young woman with a sweet face and a raspy voice sat at the front desk, guarding a list of patients waiting to see Ernesto. Inside, the consultation room was painted mint green. Large windows let in sunlight, which washed across a small desk covered in books and medical instruments and two chairs that faced each

other, one of which sat under the framed medical credentials of the *médico naturista*. A bookcase heaved under the weight of so many volumes, and a flat consultation table covered in a blue tartan blanket rounded out the modest operation. Outside and across from the waiting area there was a staircase that lead up towards the office, some classrooms, a kitchen, a tiny garden and an open space for events.

Decorating the walls in the courtyard were signs about different plants and herbs and their uses, ads for natural products which the pharmacy stocked, ads for ladies looking for work cleaning houses and posters about natural energy and the chakras. Overall, it was a calming atmosphere. The music from the café was muted in the courtyard and the dew-speckled plants growing there gave off a fresh aroma in the early morning air. I was taken to wait with Maria, the director of the centre, who explained to me that this was in fact a centre, not just a clinic, offering classes and other amenities in addition to the medical consultations. An hour later, I was talking to Ernesto³, the *médico naturista* in residence. A congenial-looking older man, he had light skin, black hair, twinkling dark eyes, and at the time I began my research a thick black mustache.

When I was twenty-three I was sent to a rustic rancho in Tabasco to do my year of social service, which doctors do here as soon as they have graduated to help fill the void of doctors in rural areas. It was in the jungle, remote and beautiful but lacking a lot of amenities. There was no fruit and vegetables offered in the food we were given, just a lot of meat, sausages...and alcohol. I ate very badly. All of this added up to the health problems that I had later, with my cancer, when I changed my life and switched to herbal remedies. Health is about energy, and I believe in the flow of energy, that energy exists in all things, in the earth and in plants. The four elements are made up of these energies and we need these to be balanced in our bodies in order to be healthy. I was instantly intrigued by this smiling, mustachioed man. He had practiced biomedicine? Was he now also what I understood to be a *yerbero*? What exactly did he do to heal his patients? I had so many questions, but he had a waiting room full of patients, so I quickly thanked him for his time and told him that I would see him in

³ Throughout my time in the field, I was on a first name basis with my main informants. The patients tended to refer to them as 'doctor' or 'Señor', but they referred to each other by their first names, and that was how they introduced themselves to me as well. For those I did not know well, I have addressed them here as '*naturista* so and so', which is how I tended to address them in interviews.

the *herbolaria* (herbal medicine) class he was teaching that his wife had recommended I take.

A few months later, I found myself sitting in on consultations with Ernesto, marveling at his unending patience and fortitude – seeing patient after patient for hours on end. He would explain everything to me as we went along, making sure that I understood each patient’s problem, elevating me to a respected position in the eyes of his patients, many of whom assumed that I was a healer as well. During my first month observing consultations, I witnessed an interaction between Ernesto and a diabetic man who was having trouble regulating his blood sugar. This experience came to shape my entire project, moving me away from studying the impact that Seguro Popular might be having on CAM in Mexico City. Upon being called into the consultation room by the receptionist, the patient greeted Ernesto with a handshake as Ernesto offered an informal greeting. He immediately smiled in order to put the patient at ease and welcomed him into the room with a nod to the chair sitting directly in front of him. The man sat down, and after Ernesto confirmed the man’s age and date of birth, he immediately asked “¿Qué paso?” (What’s up?) As he continued to take the man’s blood pressure, weigh him, and look into both of his eyes with a flashlight, the man spoke quickly and verbosely. His blood sugar was always high, and the medications that his allopathic⁴ doctor had given him did not seem to be helping.

Ernesto told him that he needed to stop using his allopathic diabetes medications because “Allopathic medications fill the body with toxins, and that is why diabetics do not get better when they use these medications”. He then began to tell his own cancer story to the man, pen poised on the prescription sheet, looking the man in the eyes:

⁴ Although commonly referred to as biomedicine in anthropological literature, my informants referred to biomedicine (also called Western or orthodox medicine) as ‘allopathic medicine’ (*medicina alopática*) in our everyday conversations (WHO, 2001). Following their lead, after the introduction I will also refer to biomedicine as allopathic medicine. The term allopathic medicine was devised by Samuel Hahnemann as a derisive reference to the biomedical method of treatment by opposition (Ecks, 2013). While most *naturistas* do not follow the homeopathic method, they do abhor the biomedical method of treating symptomatically instead of treating the root of the illness. This may be the reason why they have adopted the use of this historically disdainful word.

Thirty years ago, when I was practicing allopathic medicine, I got very sick. I had colon cancer and I also suffered from arthritis in my knees. I tried allopathic treatments, but they did not work for me. They were not healing my body. So I began to read about natural remedies, reading books and learning about how a healthy, vegetarian diet and using herbs and plants can heal you, make your body clean. I was able to cure myself from the cancer, and my arthritis pain is much better and more manageable. This is why I am now a vegetarian, and why I practice natural medicine. I believe in natural remedies because they worked for me.

He then looked down and began to write the prescription, casually reading aloud as he wrote down remedies such as *té defencel* (tea to boost the immune system) and *licuado papaya, manzana, agua, linaza y avena*⁵ (a liquid of papaya, apple, flaxseed and oats). Upon completion, he handed the sheet to the man, reiterating that the man needed to stop using his allopathic medicines, and that with his prescription they would ‘clean out’ the man’s body. The man, having nodded along with the story and prescription, took the completed prescription paper and one of the recommended diet sheets without question. He only asked whether he needed to pay with Ernesto or at the *tienda* (shop, or here, a pharmacy). “*Conmigo*” (with me) Ernesto smiled. “\$150 pesos”. The man handed him exact change, thanked Ernesto and left to collect his remedies from the *tienda*.

Healthcare in Mexico City

Due to its location in an enclosed valley, there are many unique environmental issues in Mexico City, such as poor air quality and a lack of sufficient amounts of clean water which affect the health and daily lives of the people. The large and varied population all have their own ideas about health and illness that are catered to by various healthcare professionals (and non-professionals). Overall, Mexico City was best described by David Lida (2008), who wrote: “...part of what makes a city dynamic is the way that its citizens deal with its problems, and people here are nothing if not imaginative at problem solving. Indeed, the Mexicans and their

⁵ A blended mixture of fresh fruits, vegetables, and water. More watery than a juice, these were sold around the city and made within the home

ingenuity are very much a part of what give Mexico City its dynamic energy” (Lida, 2008:13).

In this largely medically pluralistic society, there is a sizeable contingent of biomedical doctors and various complementary and alternative healers, including *médicos naturistas*, living and practicing within Mexico City (Luna González, 2012; Reyes-Frausto, 2001; Secretariat of Health, 2005). The concept of medical pluralism is not new, and as Cant and Sharma (2003) have stated: “There has always been the possibility of choice between different kinds of practitioner, between consulting and self-prescribing, and there have always been multiple ways of understanding health and sickness” (Cant & Sharma, 2003:1). Generally, medical pluralism is a shifting and complex phenomenon, and analysis thereof is dependent on the set of criteria applied. Medical pluralism can refer to either a pluralism of diagnostic practices or a pluralism of therapeutic measures (Ecks, 2013). In Mexico City, I found that there is far less pluralism within or between diagnostic methods than between therapeutics. Therefore, when discussing medical pluralism, I will generally be referring to pluralism between therapeutic methods. In the literature, medical pluralism has been defined as either the co-existence of multiple systems of medicine, including folk systems, popular systems, and professional systems which present multiple choices to individuals; or it may mean pluralism within one particular system of medicine (Leslie, 1980; Minocha, 1980; Young, 1983). When discussing *naturismo* in Mexico City, I found that both definitions apply.

There are many healing systems co-existing within Mexico City. These systems include biomedicine, homeopathy, *curanderismo*, spiritualism and *naturismo*, among others. Together, these healing systems make up the ‘medicoscape’, a concept described by Hörbst and Wolf (2014:184) as: “globally dispersed landscapes of individuals; national, transnational, and international organizations and institutions as well as heterogeneous practices, artifacts, and things, which are connected to different policies, power relations and regimes of medical knowledge, treatments, and healing...medicoscapes connect locations, persons, and institutions via multiple and partially contradicting aims, practices, and policies”. While the focus of this

study is not global in scope, the connections and clashes between ‘heterogenous medical practices, artifacts and things’ within Mexico City are a key aspect to this thesis. By using this term in the manner suggested by the authors, I find it easier to define and understand the “different processes and forms of entanglements on local, national, and international layers in the domain of health” (Hörbst & Wolf, 2014:184).

Both *naturismo* as a distinct healing system and *médicos naturistas* as a distinct group of healers in Mexico have not been well addressed in anthropological literature. While some studies have mentioned *naturistas* as a side comment of herbal remedy or alternative healthcare use, these healers have not been studied in depth (Arganis Juárez, 2013; Garzón et al., 1999; Hayden, 2003b; Schneider, 2009). One short study by Bruun and Elverdam discussed the position and practices of *los naturistas* in Bolivia; however, there were noticeable differences between their study subjects and my own, specifically, their levels of education, explanatory models, and certain treatment plans (Bruun & Elverdam, 2006). Likewise, most of the existing research on *naturismo* (which is similar to naturopathy in English), has been undertaken in Europe, South America and the USA, where it seems to have a well-established base, albeit slightly different traditions and methods from those seen in Mexico (Cañigüeral et al., 2003; Murray & Pizzorno, 1999; Pizzorno & Murray, 1999; Ramos & Pérez, 2009; Saz Peíro, 2000; Saz Peíro & Ortiz Lucas, 2007; Scolnik, 1988). This dearth of information has led me to question what *naturismo* is in the context of Mexican culture, and how it differs from other forms of healthcare in Mexico. In particular, what distinct characteristics do the practitioners of *naturismo* embody within Mexico City?

Complementary, alternative, or traditional?

In order to better understand the role of *naturismo* and the *médicos naturistas* in Mexico City, it is necessary to first understand the difference between ‘complementary’, ‘alternative’ and ‘traditional’ healing, and how these terms are used and studied within anthropology. According to the World Health Organisation,

the terms ‘complementary’ and ‘alternative’ medicine can be used interchangeably with the term ‘traditional’ medicine (WHO, 2001). While the use of these terms and the interchangeability between them is problematic, I consciously refer to *naturistas* and their healthcare system as ‘alternative’ instead of ‘traditional’ based on the *naturistas*’ self-conceptions. As defined within anthropology and by the WHO, ‘traditional’ or ‘folk’ medicine is based upon non-institutionalised indigenous knowledge, skills, and practices that are used to care for the ill and infirm, and it is based on native theories, beliefs, and experiences within different culture groups⁶. Following this, ‘complementary’ and/or ‘alternative medicines’ (CAM) are seen as healthcare practices outside of the biomedical tradition that are used in addition to or in lieu of biomedicine, and not integrated into a country’s dominant healthcare system (Baer, 2002; Bodeker & Kronenberg, 2002; Kirkland et al., 1992; Saks, 1997; WHO, 2001; Zhang, 2013). While it is clear that with these definitions the term CAM can comprise both ‘traditional’ and ‘alternative’ medicines, I found that the more formalised practice of *naturismo* and the insistence of its practitioners that their practice not be linked to either biomedicine or ‘traditional’ Mexican medicine seems to align *naturismo* more closely with the term ‘alternative’ medicine.

Along with *naturismo* and homeopathy, Mexico also contains what can be described as ‘traditional’ healing systems. The two major forms of ‘traditional’ medicine are spiritualism (*espiritismo*) and *curanderismo*. Spiritualism is both a religious system and a healthcare system. It is rooted in Judeo-Christian teachings, and proponents believe that spiritualist mediums can communicate with spirits in order to help solve personal and health-related problems. While most people who visit spiritualist temples are seeking treatment for self-identified ailments, many have already visited a biomedical doctor and been unsatisfied with the biomedical diagnosis and treatment (Finkler, 1980, 1994). *Curanderismo* is found in different forms throughout Latin America. It is a syncretic healing system based on methods from indigenous healing practices, Catholic beliefs, and faith in the holistic healing of mind, body and spirit (Padilla et al., 2001; Tafur et al., 2009; Torres & Sawyer, 2005;

⁶ For this reason, I have chosen to use quotation marks when using the term ‘traditional’ for lack of a better word to discuss *curanderismo* throughout this thesis.

Trotter & Chavira, 1997). In Mexico, *curanderos* are known for treating both folk illnesses and chronic diseases such as diabetes and heart disease through the use of herbal remedies, psychic abilities, or massage therapy; although depending on their level of skill they may be more sought-after for specific forms of healing (George, 2012; Tafur et al., 2009; Torres & Sawyer, 2005; Trotter & Chavira, 1997).

The biomedical position

As the hegemonic medical system in Mexico, biomedicine is provided through public institutions, private institutions, or private physicians. Private health care organizations and private physicians exist outwith the government-controlled system, and offer service to those who can afford it. Public biomedical healthcare is offered through a system put in place by the Mexican Federal Government which is comprised of the IMSS, ISSSTE, and SSPH⁷ (Seguro Popular), and controlled by the Secretariat of Health (Frenk et al., 2003; IMSS, 2013; ISSSTE, 2013; Roemer, 1986; Secretaria de Salud, 2014; Seguro Popular, 2013). Biomedical physicians are educated in the major Mexican Universities, and sometimes in the USA, and to practice all must be licensed and accredited. Clinics and hospitals for all public healthcare systems can be found throughout the city. Homeopathy, as the only other regulated form of healing, also benefits from clinics and a regulated system of education, licensing and accreditation, although it is less popular than biomedicine.

In the last decade the ability of a larger percentage of Mexicans to take advantage of affordable biomedical care through Seguro Popular has put previous assumptions that people only use CAM because it is more accessible and affordable than biomedicine to the test in Mexico City (Fox and Rivera-Saldago, 2004; Ortiz Martinez, 2009; Whiteford, 1999). While this might be the case in other parts of Mexico, this hypothesis lacks subtle understanding of the different benefits of various healthcare systems regardless of cost and availability; and the historical importance of natural remedies for the Mexico City population. Not surprisingly, in

⁷ IMSS: Mexican Social Security Institute. ISSSTE: The State's Employees' Social Security and Social Services Institute. SSPH: System for Social Protection in Health.

Mexico City most *naturistas* find that the expansion of biomedical healthcare regulated by the government has not affected their work. This is understood to be primarily because biomedicine and *naturismo* are very different healing methodologies that each offer distinct benefits and outcomes; and secondarily because natural remedies are something which people might have grown up using in their homes. Lastly, the expansion of biomedical government healthcare is generally thought to offer more opportunities for its own institutional failure; meaning that more people will need to come looking for alternative forms of care when their doctor is unable to treat them with chemical medications, or when biomedicine creates secondary problems that the patient does not understand or trust their doctor to solve. This is demonstrated in the fact that with their expansion, the IMSS/ISSSTE programmes have proven unable to keep up with the demands of the constantly growing population in Mexico City, and in Mexico more widely. With a lack of doctors and properly channeled funding, the government system cannot physically offer care as quickly or as well as it might hope to (Napolitano, 2002; Tapia-Conyer et al., 2013).

Understanding this, it could be assumed that this lack of effective care is the reason why CAM might flourish. Recently it has been suggested that far from disappearing in the face of biomedical advancement, CAM in Mexico has demonstrated a continued effort to cope with illness in ways that are different from, but not necessarily in conflict with, biomedicine (Arganis Juárez, 2013; Berenzon-Gorn et al., 2006; Urióstegui Flores, 2008; Waldram, 2000). And while this does appear to be true based on the multitude of various CAM clinics throughout the city, I found that there is also underlying animosity and conflict within the pluralistic medicoscape that is demonstrated through the various healing methods of different healing systems. Much of this animosity seems to be due to the hegemony⁸ and authority of biomedicine, which across the world has derived its power and prestige from its international recognition, the relationship with the state it often benefits from, and its

⁸ Hegemony as used by Gramsci refers to a state in which a “dominant class...does not merely *rule* a society but *leads* it through the exercise of ‘intellectual and moral leadership’. Hegemony involves...a social group seek[ing] to present its own particular interests as the general interests of the society as a whole” (Gramsci 2009 in Storey 2012:82).

historical success in controlling certain life threatening diseases (Cant & Sharma, 2003). In addition, it is well known that the Mexican biomedical healthcare system refutes the healing capacity of CAM therapies and practitioners; therefore all alternative medicine is often flippantly defined as ‘traditional’ medicine. (Duarte-Gomez et al., 2007). Likewise, there is little trust or crossover between CAM systems, and as I discuss in chapter three, *naturistas* make it a point to differentiate themselves from both biomedical doctors and other CAM practitioners, while undermining all other forms of healing.

However, when I attempted to discuss this through the existing literature, I found that the age old anthropological delineation between ‘biomedical’ and ‘non-biomedical’ was too black and white for my fieldsite. In agreement with Byron Good (1994), who found that the biomedical/non-biomedical dichotomy often succumbs to “endemic empiricism” and overlooks the blurred lines between healing systems, I could not define *naturismo* as a completely unique form of healthcare because it does in fact overlap in some ways with both biomedicine and *curanderismo*. Nor could I relegate *naturistas* to the role of ‘traditional’ healers in the classic sense since they often have a level of medical education that is equal or comparable to biomedical training.

While there has been some research on crossovers between biomedical and traditional practices (Armus, 2002; Coronado, 2005; Crandon-Malamud, 1991; David & Zakus, 1997; Finkler, 2000; Hayden, 2003b; Madsen, 1955; Pedersen & Baruffati, 1985; Weller et al., 2012; Whiteford, 1999; Young, 1981), there has been little study of the ways in which healers appropriate the terminology and practices of other healing systems and present these to their patients as unique practices, as I saw in *naturistas*. Taking the above into account, I was intrigued to find that far from seeing themselves as offering a complimentary form of healthcare to other healers, *naturistas* view their form of healing as an alternative, working in competition with other systems. This proved to be fruitful in understanding their self-perceived role and how they create and maintain their position within the medicoscape.

At this point, it is important to recall that many authors have noted the fact that healthcare systems adapt over time. However, there are still many overarching

‘umbrella’ terms such as biomedical, non-biomedical, traditional and CAM that may be hindering our acknowledgement of new systems of healthcare (Baer, 2001; Eisenberg, 1977; Foster, 1988; Foster & Anderson, 1978; Kleinman, 1978; Young, 1981). By first defining *naturismo* and then placing it within the medicoscape in Mexico City in chapters two and three, I will demonstrate how other healing systems affect the practice of *naturismo*, and how adaptations within *naturismo* have led to the development of distinctions and similarities between systems.

Anthropology of Mexico, Medical Anthropology, the Anthropology of Food

The various themes and theories that have offered a framework for this study are encompassed within the anthropology of Mexico, the medical anthropology of complementary and alternative medicine and the anthropology of food. In addition to offering a framework from which this thesis has been structured, these themes have given rise to questions about how anthropologists interact with these subjects.

Anthropology of/in Mexico

Anthropology has been entwined with healthcare changes in Mexico over the past century. Manuel Gamio, the ‘Father of Mexican Anthropology’, is said to have begun medical anthropology in Mexico with his work in the early twentieth century connecting development and nutrition. (Alonso, 2004; Gamio & Fernández, 1960). Throughout the twentieth century many Mexican anthropologists highlighted the biomedical versus traditional medicine model, and many studies emphasized the use of ‘traditional’ medical systems, ‘traditional’ healers, people who utilise self-care or non-biomedical practices, humoral medicine, and how ‘traditional’ healing systems adapted, survived, or faded away when faced with the incursion of biomedicine (Aguirre Beltrán, 1963, 1986; Berenzon-Gorn et al., 2009; Gómez-Álvarez, 2012; Hersch-Martínez, 1995; Menegoni, 1996; Menéndez 2003; Pedersen & Baruffati, 1985; Rodríguez, 2012; Torres & Sawyer, 2005; Young, 1981). However, there did

not seem to be much interest in studying the ways in which non-biomedical healthcare systems challenged biomedical dominance.

Modern Mexican anthropologists have also focused on chronic illness, illness conceptions and the continued use of ‘traditional’ and complementary and alternative medicines in Mexico (Baytelman, 1993; Berenzon-Gorn et al., 2006; Finkler, 1994; Huber & Sandstrom, 2001; Napolitano, 2002). Others have studied the ways in which biomedicine can better understand the perspectives of their patients within Mexico (Armus, 2002; Martínez Hernáez, 2008; Menegoni, 1996; Montoya, 2011; Napolitano & Mora Flores, 2003; Rendón Aguilar et al., 2001). While much of this comes close to re-creating a static theory similar to Kleinman’s (1978) explanatory models for illness causation and preferential treatment, some of it is very dynamic and opens up Mexican anthropology to a more critical-interpretive stance.

Overall, it seems that a strong opposition has been maintained in much of the current Mexican research between biomedicine and the ‘other’, which does a disservice to the non-biomedical healthcare systems in Mexico which may not be easily defined in the often used terminology of ‘alternative’ or ‘traditional’ medicine. Exceptions to this are Eduardo Menéndez and Valentina Napolitano. Menéndez led the development of critical medical anthropology in Mexico in the late twentieth century. His work offers a critique on the dichotomies between biomedicine and alternative medicines and the deeply ingrained social class system that has allowed these dichotomies to continue (Castro, 2011; Lomnitz, 1991; Menéndez, 1994, 1998, 2003; Urióstegui Flores, 2008). Similarly, Napolitano (2002) has discussed how the modern perpetuation of CAM in Mexico is an expression of alternative modernity in which “forms of empowerment and disempowerment that are imbued in ‘new’ and emerging types of medical and healing practices...manifest continuities and reversals of a project of modernity”. In this case, the expansion of biomedicine (Napolitano & Mora Flores, 2003:80).

This corresponds with work that has critiqued nationalism and modernity in Mexico. Claims have been made that Mexican nationalism, based in the romanticised view of

the indigenous peasant, highlights the ways in which national identity in Mexico went from being a springboard for modernity to what Lomnitz called a “marker of dismodernity” (1996:56), in which nationalism has been used as a form of protest against globalisation and neoliberal capitalism. This led to the development of a fractured public sphere with a rigid class system that stopped the Mexican people from affecting change within their lives. In Lomnitz’s view socio-economic marginalisation can be politically advantageous, although the lack of public voices or power wielded by marginalised groups often halts any possible success of political action (Lomnitz, 1996; Lomnitz-Adler, 2001). Catharine Good (2011) has supported this theory when observing that the rise of neoliberal economics in the 1980s and the promotion of “free” markets and the privatizing of business by the Mexican Government has led to an overall weakening of the role of the state and national identity.

In Mexico City I saw evidence of the weakening of the state displayed in widespread corruption, contesting power relations and the conscious disregard and lack of regulation for CAM. Likewise, evidence of this complex pull for modernity and the advantage of marginality were both seen in the ways that *naturistas* work around the hegemonic system in order to create their own identity, and through the glorification of a romanticised past in order to legitimise their practice to their patients. Instead of the government creating and maintaining a national identity, I found that the weak state allowed power and corruption to be repurposed and used as tools by *naturistas* to develop their own identities as healers, the identity of natural medicine as a viable option for healthcare by the population, and through these, a new type of equalised national identity based on the pre-Hispanic diet.

Medical anthropology and Mexico

In the literature available regarding the historical and current development and implementation of the Mexican government-led healthcare system, there is little mention of other healing systems such as *naturismo*, *curanderismo*, *espiritismo*, homeopathy, etc. Leslie (1980) would attribute this silence to a very Western-

orientated conception of a health system. This being: “A bureaucratically ordered set of schools, hospitals, clinics, professional associations, companies and regulatory agencies that train practitioners and maintain facilities to conduct biomedical research, to prevent or cure illness and to care for or rehabilitate the chronically ill” (Leslie, 1980:191). Viewing any medically pluralistic country through this perspective, we quickly see that any other forms of healthcare or healing will fall outside the medical system and, as such, they will probably be ignored or viewed simply as “...fringe medicine, quackery and superstition” (Baer, 2001; Leslie, 1980:191; Oguamanam, 2006).

However, it is important to note that within both Mexico and more widely in Latin America, medical pluralism has a long history and both ‘traditional’ and alternative methods of treatment have never been eradicated, as it were, by biomedical dominance (Giovannini et al., 2001; Menegoni, 1996; Miles, 1998). While biomedical dominance is often a factor that limits the legitimacy of CAM (Cant & Sharma, 2003), Napolitano (2002) found that in Guadalajara, tensions between medical systems can also create opportunities for the empowerment of medical systems. Likewise, in situations where multiple forms of both CAM and official healthcare methods co-exist, there is often blending and borrowing of ideologies and practices from one another, although this is more often the case of borrowing on the part of the CAM practitioner than the biomedical doctor (Coronado, 2005; Crandon-Malamud, 1991; Giovannini et al., 2011). I observed both factors within my own work: (1) the weight of biomedical hegemony appears to make *naturistas* more adamant in their practices, and (2) this leads to *naturistas* becoming more outspoken about their dislike of biomedicine.

Regardless of how they have been viewed by the state and biomedical system, CAM are well documented as important and modern factors in the lives of the Mexican people (Frenk et al., 2003; Knaul et al., 2012; Napolitano, 2002; Rull et al., 2005; Whiteford, 1999). Continued urbanisation in Mexico has led to an increase in the coexistence of multiple healing systems within cities like Mexico City, and this has also led to an increase in the commodification of competing healing systems

(Napolitano, 2002). Multiple reports exist of Mexicans growing and preparing herbal remedies in their homes and utilising *curanderos*, homeopathy, and spiritual treatments for illnesses either in tandem with biomedicine or instead of biomedicine (Arganis Juárez, 2013; Finkler, 1980; Maduro, 1983; Torres & Sawyer, 2005). Research also shows that people believe their illnesses can be cured by various healers regardless of their training, with either natural or biomedical remedies (Arganis Juárez, 2013; Urióstegui Flores, 2008; Waldram, 2000; Weller et al., 2012; Whiteford, 1999).

This calls to question why so many healing systems have flourished in Mexico, and why *naturismo* clinics can be found throughout Mexico City along with other major urban areas. Not only do multiple healing systems exist throughout Mexico, evidence shows that they are utilised often, and sometimes simultaneously, when people are ill (Armus, 2002; Berenzon-Gorn et al., 2006; Coronado, 2005; David & Zakus, 1997; Finkler, 2000; Huber & Sandstrom, 2001; Napolitano, 2002; Weller et al., 2012; Whiteford, 1999). In Mexico, it has been claimed that it is confidence in various forms of healing practices, along with cultural preference, comfort level, and relationships with socially distant biomedical doctors that lead people to use alternative and traditional methods of healing before, or in addition to, biomedical care (Fox & Rivera-Saldago, 2004; Ortiz Martinez, 2009; Poss & Jezewski, 2002; Whiteford, 1999). While there have been anthropological studies that agree with this assessment, Minocha (1980) found that health care decisions are more often based on availability, accessibility, quality of care provided and people's past experiences.

Likewise, it has been noted that health-seeking behaviour between different modalities of health systems is based on a "hierarchy of resort" wherein people may choose to utilise certain types of healthcare only after exhausting all other options (Romanucci-Ross, 1969). Understanding that there can be many reasons why a person chooses a particular form of care proved to be especially important within my research, where I saw evidence of multiple and dynamic healthcare choices affecting and influencing the way that *naturistas* choose to present themselves to their patients.

It is well known that various healing systems have distinct illness etiologies, but it has also been demonstrated that patients do not often share these etiologies, nor do they take them into account when choosing a method of treatment (Foster, 1994; Kleinman, 1978; Napolitano, 2002; Young, 1983). In addition, medicine and medical choice have been demonstrated as standard ways through which people can negotiate their own identities, political situations and other underlying social functions (Clark, 1959; Crandon-Malamud, 1991; Fabrega & Silver, 1973). In this way, medical pluralism creates the means by which power can be both created and regulated within and between social classes (Crandon-Malamud, 1991), and the variety of options that a medically pluralistic environment provides creates conflicting and contradicting positions for differing practitioners in an effort to gain legitimacy, acceptance and business.

Expanding on the above, there have been manifold theoretical approaches in the medical anthropology literature that have influenced past research into healthcare systems similar to *naturismo*. Many of these have been attempts to tease out the 'explanatory models' driving treatment choices, delineate between different healthcare systems by defining disease etiologies as either personalistic or naturalistic; or fall back on the dichotomous use of 'illness' versus 'disease' treatment as the defining factors separating biomedicine from other types of healing (Brown, 1998; Eisenberg, 1977; Foster, 1988; Foster & Anderson, 1978; Kleinman, 1978). Csordas and Kleinman (1996) offered a possible remedy for the narrow perspective of ethnomedical approaches by stating that anthropologists needed to use more extensive criteria within the assessment of ethnomedical therapies. Examples include studying the structural, clinical, discursive, persuasive and social aspects of a medical system. This has more recently been useful in Mexico where research has shown that explanatory models do not solely encompass 'cultural factors' or 'traditional beliefs' that guide a patient to choose one healing system over another (Good, 1994; Menegoni, 1996; Waldram, 2000; Young, 1981).

These aid in the development of a useful perspective for studying a medical system such as *naturismo*, but still beg the question as to why the role of the practitioner has

been largely ignored in past and current research of healthcare systems, even though the practitioners of any healing system must be instrumental in its development and adaptation. Likewise, few studies have focused on the shortcomings of various medical systems (Baer, Singer & Susser, 2003; Eisenberg, 1977; Waldram, 2000). This dearth of information inhibits our ability as researchers to see how the practitioners of various medical systems adapt their models to necessary changes within their realities of health-seeking behavior; nor how structures of power and inequality are reinforced through health ideas and practices in dominant healthcare systems.

By maintaining a critical gaze, it is apparent that health systems are formed by the deliberate actions of their practitioners. It is the job of the anthropologist to untangle the organisations of the reality that practitioners rely upon to understand the motive behind their choices when adapting their systems within a society. By explaining these gaps in the theoretical models, I have been able to consciously employ more extensive perspectives in order to discover the sociocultural characteristics that *naturistas* embody which help define and redefine *naturismo* in Mexico City; and explain how the overall structure of the medicoscape speaks to the wider social inequalities in Mexico.

Menéndez (1985), Waldram (2000) and Scheper-Hughes (1990) have suggested undertaking studies of health care systems that recognise the existence of hegemony within our own healthcare ideologies; exploring and attempting to understand how efficacy is understood within traditional medical systems through the healers and the development of an anthropological discourse on non-biomedical forms of healing in terms of their own emic frames of reference. By acknowledging the hegemony that exists both within my own frame of reference and within the wider healthcare landscape in Mexico City, I have analysed the influence that other healing systems have on *naturistas*, come to understand how *naturistas* define efficacy and how their practices adapt to suit the market in relation to other healing systems.

Lastly, the critical-interpretive approach has been useful in that it allows the anthropologist to “...describe the variety of metaphorical conceptions...about the body and...to show the social, political, and individual uses to which these conceptions are applied in practice” (Lock & Scheper-Hughes, 2006:488). By studying the metaphors that *naturistas*, their patients and biomedical doctors use to describe bodies and illness, and the symbolic dimensions of *naturismo* healing discourses, I have been able to focus on the way in which the *naturistas*’ knowledge about the body, health and illness has been “...culturally constructed, negotiated, and renegotiated in a dynamic process through time and space” (Lock & Scheper-Hughes, 2006:487). Meanwhile, I have been able to demonstrate that illness experience affects both patients and healers, specifically in that it was often an illness experience that shaped the healing methods and the medical outlook of the *naturistas* I worked with.

Anthropology of food and vegetarianism

The anthropology of food is well developed, with studies ranging from the importance of food to specific culture groups, the use of food as a political tool, the way certain foods have shaped humanity, the humoral qualities of foods and the ways in which food is used ceremonially (Counihan & Van Esterik, 2013; Helman, 2007; Mintz, 1985; Molony, 1975). As many have demonstrated, food is an important tool in the development and maintenance of cultural identity around the world, and more specifically within Mexico (Appadurai, 1981; Arnott, 1975; Caplan, 1997; Carsten, 1997; Counihan, 1999; Ochoa, 2000; Pilcher, 1998). However, it has also been shown that the ways in which foods express identity change when cuisines are created and recreated over time (Garth, 2013). This is seen in what Holtzman saw as the ability of food to tie the “minutiae of everyday experience to broader cultural patterns, hegemonic structures, and political-economic processes, structuring experience in ways that can be logical, and outside of logic, in ways that are conscious, canonized, or beyond the realm of conscious awareness” (Holtzman, 2006: 373).

Food can also be used to carry social messages based on how it is prepared, eaten, when, and with whom. At times referred to as ‘gastro-politics’, this is often demonstrated in familial settings (Appadurai, 1981; Lévi-Strauss, 1970; Pilcher, 1998; Turner, 1980); and as I will show, is a key method by which *naturistas* get their patients to follow a vegetarian diet. Likewise, the topic of commensality – both in familial and ceremonial situations – has been well researched and its importance in Mexico cannot be discounted, as so many important familial and social events revolve around the consumption and sharing of foods (Carsten, 1997; Helman, 2007; Lang 1985 in Anderson, 1996; Mintz & DuBois, 2002; Van Esterik, 2011). As Coleman said, (2011:1) “...both “cuisines”—products of long experimentation with the basic material of our sustenance—and “commensality”—structured ways of eating together or refusing to do so – offer some of the most important cultural arenas where we can learn about others, by experiencing how they communicate with each other by tasting, sharing, haggling over, or rejecting food”.

Reiterating this fact, I found that food is indeed an important social tool, both in the maintenance of the Mexican culture and in the maintenance of familial and social relations. However, the ways in which food is understood and related to has a distinctly different tone in *naturismo*, reminiscent of Mary Douglas’ division of foods into categories of either good or bad (1966). This is demonstrated in chapter five, where I show the ways in which *naturistas* upend their patient’s conceptions about the edibility of meat through their referral of eating meat as ‘eating the dead’. In this vein, it is apparent that food nostalgia can either cause a group to retain definitions of a food as good or bad, or be used to change perceptions of a food (Holtzman, 2006; Srinivas, 2013; Sutton, 2001).

The importance of food, specifically the vegetarian diet, to the practice of *naturismo* is one of the key topics of my research. While nutrition is commonly discussed in various forms of healing (Pizzorno & Murray, 1999), and certain foods may be seen as beneficial or harmful for different ailments (Helman, 2007), in my experience it is not common to require all patients to follow a specialised diet regardless of their age,

sex, or ailment, nor to use a diet as a remedy for illness (e.g. Foster, 1994; Zimmermann, 2011 [1982]). However there is not much existing research on health-related dietary changes in Mexico, nor is there much research on how food can be used to romanticise the past or to balance social inequalities. More common is a focus on how social inequality affects food security or nutrition (Mintz, 1996; Mintz & Dubois, 2002; Murphy & Stepick, 1991). Likewise, changes in diet due to social upheaval or migration are often discussed, in addition to the ways in which our thoughts about food reveal gender and power relations (Counihan, 1999; Counihan & Van Esterik, 2013; Williams-Forson, 2013).

Vegetarianism as a recognised dietary lifestyle has been practiced throughout human history and has been studied in the Indian/Hindu context, within Buddhism, and historically in Ancient Greece, Europe and the USA (Fiddes, 1991; Johnson, 2013; Puskar-Pasewicz, 2010; Robert, 2011; Smith, 2007; Turner, 1980; Zimmermann, 2011 [1982]). However, there has been little focus on the type of vegetarianism practiced in Mexico⁹, outside of nutritional studies (Knuiman & West, 1982; Wyatt et al., 1995). Historically in the USA and Europe, vegetarianism has been linked to alternative or anti-establishmentarian ideas about health, while in Mexico it was historically linked to social class distinctions, in that the poor were often unable to afford meat to eat except on special occasions, while the rich ate it daily (Fenton, 2000; Fieldhouse, 1996: 151; Pilcher, 1998, 2006a; Turner, 1980). In my research, I found that the call for *naturismo* patients to be vegetarian is presented strictly as a health issue. But upon closer reflection, it is also a form of gastro-politics (Appadurai, 1981), a method by which to upset the normative Mexican diet and class based dietary stereotypes, which are seen to be maintained by state supported propaganda. In general, while the use of food to challenge stereotypes is evidenced in race, class and gender studies (Counihan & Van Esterik, 2013; Williams-Forson, 2013), I have not seen explicit discussion of the ways in which food can be used as a

⁹ See chapter 5. In brief, the type of vegetarianism practiced in this context is a health-related vegetarianism, not an ethical or environmental vegetarianism. It is also what can be called lacto-ovo vegetarianism, as eggs and dairy products are usually permissible in the diet.

tool for challenging hegemony within a medicoscape, nor how this relates to societal inequalities.

On Clinics and Contacts

In order to complete an in-depth yet bounded study of *naturistas* and natural medicine, I chose to solely undertake research in Mexico City through the utilisation of participant-observation, surveying and interviewing. My time in the field ran from July 2013 through April 2014. Although I became attuned to the idiosyncrasies and norms of life in urban Mexico, my role as a single white female did limit my access to information in various ways. While people were very willing to talk to me and they seemed to appreciate the fact that I was interested in what they did and in understanding exactly what natural medicine was, there were certain doors that were not open to me.

For example, I was not able to break the barrier between professional and private lives with most of my informants. As a single woman, it would have been inappropriate for a male *naturista* to invite me into his home. As such, I attempted to get to know the wife of one of my main informants. However, this did not lead to a more personal relationship until after I completed fieldwork, which tells me that there was some wariness about my role and my intentions, even though I was allowed to work and spend time within the clinic. The only family I interacted with outside the clinic was that of Tania and Luis Felipe, a married couple of *naturistas*. They invited me along on weekend outings and over to their home for meals, and later I stayed in their home on a follow-up trip to Mexico City. This aspect of my research helped me to understand the more complex role of natural medicine in the lives of *naturistas* in Mexico City, and how their personal lives either align or deviate from the lifestyle they prescribe to their patients. Likewise, on a daily basis I was able to view how *naturistas* interact with each other and the community, and subsequently, how the expertise that *naturistas* have is actualised in daily life.

When comparing the levels of comfort between myself and this couple along with other *naturistas*, I do feel that my age, sex and marital status hindered my integration into their lives outside of work. The other *naturistas* I worked with were older males (~50-70 years), and the lack of propriety surrounding either inviting myself to their homes or expecting an invitation from them was apparent. Had I been a man, or married, this might have been different. As a woman, I do feel that if I had been a man, I would have been party to certain levels of information from my male informants that may have come to light in more casual situations. As it was, I was limited to gathering most of my data within the ‘safe’ work environment of the clinic.

The reason why I do feel that I was able to gain so much information and access to both the *naturistas* and their patients during the consultations was my status as a white, American student. I was usually introduced to patients as a student studying natural medicine. They often assumed that I was a medical student, and this was only clarified if I introduced myself, at which time I would tell them that I was a medical anthropologist. In general, the assumption that I was a medical student, probably a student of the *naturista* who I was working with that day, seemed sufficient to allow me access to the consultation. I was never asked to leave by a patient, nor by a *naturista*. However, I think this speaks more to the power imbalances between the *naturista* and patient, and myself and the patient than anything else. I was always addressed in the formal “*usted*” by both patients and by other employees in the clinics. We all addressed the *naturistas* thusly as well, although the *naturistas* addressed both myself and their patients with the informal “*tú*”. Even after months of working with them, I noticed that if I accidentally used the informal to address a *naturista*, I would receive a somewhat cold response until I remembered my place and returned to the formal.

I also feel that my standing as an American and student at a prestigious European university gave me credence that helped me overcome some boundaries of access. The historical relationship between Mexico and the USA is fraught with tensions: culturally, politically, and economically. In addition, the fact remains that many

Mexicans have a love/hate relationship with their northern neighbours. Whether my American-ness or my status as an American who had chosen to leave the USA and move to both Europe and Mexico was more helpful, I do not know. In general, people seemed to find my convoluted life story interesting and not off-putting. While I do not presume that my access to data was down to any impressive features of my life, I do feel that as a blonde, American woman I was tolerated and appeased more than I might have been if I looked differently or had a different background.

However, there were many places I could not access due to my lack of contacts. In Mexico, in order to gain access to certain 'higher up' people or people of importance, one needs to be introduced to that person by a mutual contact. For example, although I tried in vain to get an interview with Dr. Abel Cruz, a famous *médico naturista*, I was unable to ever get past his secretary. Instead, I was promised call backs and promised interviews that were never scheduled. Eventually I ran out of time. Had I known someone who was willing to introduce me to him, this probably would have been a much more successful endeavor. The only person I met who did know him disliked him greatly, calling him a charlatan and not a real *naturista*. Similarly, I was unable to gain access to many biomedical doctors to interview in order to gain a more holistic view of medicine in Mexico. I interviewed one biomedical doctor who also practiced natural medicine, but he also was wary of introducing me to other doctors. Whether this was due to his own status as a practitioner or because he did not think that his colleagues would appreciate a visit from an anthropologist who would question them about their practices and their views on natural medicine, I do not know.

I made the conscious decision to focus my research on the *médicos naturistas* themselves as opposed to their patients. I wanted to understand what *naturismo* was from the point of view of the practitioners, and how their position within Mexico City was affected or dictated by outside perceptions of *naturismo*. Due to the time constraints of a shortened fieldwork period for an MPhil, it was not feasible to also attempt to interview or speak with multitudes of patients. However, I was able to speak to a few patients. Primarily, those waiting to be seen for a consultation, or

those I got to know outside the clinic. These people offered me a specific, positive view of *naturismo* since they were all users and had faith in the *naturistas*. I also endeavored to speak to non-*naturismo* users in social situations. While many of them knew about natural medicine, they assumed it was something akin to herbal remedies such as those their grandmothers might have given them, and saw it as neither harmful or something to seek out. Some saw *naturismo* as harmful because it was not as sterile as biomedicine, or harmful in the manner of *brujeria* (witchcraft). These people tended to view *naturistas* as charlatans, even if they had never been to see one themselves. Everyone had knowledge of biomedicine and used it to some degree, even those patients who came to the *naturistas*. I only heard one or two people mention that they refused to use biomedicine, seeing it as more harmful than beneficial.

As anthropological participant observation includes observing the research population “...in undisturbed natural settings, in order to understand their point of view in context” (Kiefer, 2007:63), I ensured that I spent a great deal of time in the clinics, sitting in on consultations, chatting with the *naturistas* between consultations and talking to the other people who worked in the clinics in order to minimize the ‘foreign-ness’ of my presence. According to Kiefer (2007) the goal of the researcher is to participate in and observe natural settings and relationships within the field with as little effect on the people and environment as possible. Although I never felt that I ‘blended in’ or was fully accepted into the ranks of either a *naturista* or staff member, the hours I sat through, listening to the same comments and recommendations repeated to new and returning patients assured me that the *naturistas* were in fact acting naturally in my presence. The patients generally accepted my presence, and did not appear to mince their words or hold back when speaking to the *naturistas* in my presence. Of course, I do not know what a clinic is like without me there, but as I came to be more accepted in various situations, I felt that people relaxed more around me, and were willing to discuss more private matters with me or in front of me.

In order to gain further information in addition to my participant observation, I informally surveyed about twenty *naturistas* throughout the city. It was difficult to find *naturistas* who knew other *naturistas*; therefore, I found many of these people through internet and phone book searches, or by convenience sampling. I often showed up at a clinic unannounced and was almost always able to meet with a *naturista* that day. The more formally educated or self-described ‘professional’ *naturistas* usually asked me to make an appointment to return another time, but this was more often the exception than the norm. In these sessions, I would ask the *naturistas* specific questions related to my research interests, listening for common trends in what I felt were key concepts, or for wildly different ideas that I had not previously heard mentioned. Through this method I was able to identify and develop relationships with four of my five key contacts, as well as gain a better understanding about the definition of *naturismo*, the role that *naturistas* filled, and where *naturismo* sat within the medicoscape.

Following the survey work, I conducted informal interviews and semi-directed interviews with my key informants, plus a few of the more willing survey participants, teasing out additional information on the major concepts I had identified through the surveys. By combining individual interview data with the data from my participant-observation I feel that I was able to gain an enhanced understanding of the structure of *naturismo* in Mexico City and how *naturistas* interact with each other, their patients, and other forms of healing in everyday life.

Throughout the interview process, I tried to maintain a neutral stance towards the different types of data I received so that informants did not try to give me answers that they thought I wanted to hear, or to alter the conversation to suit topics that they thought I cared about more than others. The data gathered through these channels allowed me to undertake basic analysis while in the field. I was able to find pertinent paradoxes within my research, and to match up data types from differing methodological and participant sources, such as same story/same meaning, same story/different interpretations, missing pieces, unique information and illuminating information (Lambert & Loisel, 2008: 235). As my time in the field shortened, this

analysis proved fruitful for directing my research and aiding me in the development of a rough thesis plan.

Ethical Considerations

By focusing on the opinions, thoughts and actions of *naturistas* when healing and by collecting information about the treatments that they have given to patients, I was made privy to personal health issues and healthcare choices. While my project did not require major ethical review, I did endeavor to address any possible ethical issues before they could become an issue. The first ethical concern considered was the fear of breaking doctor/patient confidentiality. To address this concern, I avoided the use of names, addresses or defining physical features in my notes. I asked for permission from each patient who I included in photos and I asked the *naturistas* to ensure that each patient was comfortable with my presence prior to the consultations. I was interested and surprised by the fact that none of the *naturistas* I worked with asked to know about the practices and methods of other *naturistas* I worked with. This spoke to key issues regarding the lack of cohesion of *naturistas* as a group, but also meant that I never had to worry about breaking confidentiality or ostracizing any of my informants.

However, I unwittingly caused a low level of strife within one clinic simply through my presence over a long period of time. After a number of months, some patients began to call the clinic to check whether I was there that day. Although none openly questioned my presence in the clinic or asked me to leave their consultation, probably due to the important role of respect and the strict social norms and formalities in Mexico, they would avoid coming in on days I was present. More importantly, they were concerned that I was taking personal information about them for use in my work. Upon learning this I immediately offered to give consent forms explaining my project to all patients before the consultations began, and asked if I should stop visiting the clinic. The proprietor waved my concerns away, saying that

she would explain what I was doing to anyone who asked and assured me that the patients would just come on other days. However, she did ask me to only visit on specific days and times. I complied and this seemed to alleviate some of the patients' concerns.

The main ethical issue I experienced was when I felt that a *naturista* may have been acting unethically through their treatment of patients. They openly instructed their patients to cease the use of all biomedicine, and decried biomedical treatment in general. This was problematic for me when we saw a patient who seemed to have the early stages of appendicitis. The *naturista* claimed that they could fix the inflamed appendix with natural medicine, and did not recommend the patient to get an x-ray or see any other healer to confirm their diagnosis. I am not sure whether this patient recovered using *naturismo*, or whether they ended up going to a biomedical hospital for an appendectomy. However, because patients were willingly visiting *naturistas* for a consultation, many times after biomedicine had failed to cure them; and because, as far as I know, *naturistas* were not prescribing any harmful remedies, it did not seem necessary for me to question the ethics of these rare situations.

On a more mundane note, all of my main informants were happy for me to use their real names. However, I did try to ensure some amount of confidentiality by changing the names of the clinics and some of their personal details since *naturistas* are a relatively small group within Mexico City. When undertaking participant-observation, surveying and interviews, I asked for verbal consent rather than signed consent. As most *naturistas* were more than happy to talk about their work, and I only discussed personal questions with those I had closer relationships, I did not feel the need to make the situations more formal than necessary.

Conclusion

In general, I found that working in clinics with *médicos naturistas* provided a fruitful introduction into the world of *naturismo*. This experience helped me to come to an understanding about not only the ways in which *naturismo* is constructed and practiced in Mexico City, but also how it is used to upend existing hegemonic societal norms in Mexico. As will be shown, the unique mixture of conceptions about nature, bodily equilibrium, body cleanliness, vegetarianism and morality are used in order to sustain *naturismo* in Mexico City as a viable option for both health and for challenging the structural imbalances in Mexican society.



Mexico City: skyscrapers, apartment buildings, and tianguis (informal markets)

Chapter 2. *Naturismo* is Closer to Nature

“Naturismo is not just about using herbs and eating vegetables and grains, it is about having contact with nature and your creator. It is living with Mother Nature.”
–Naturista Bernardo

If *naturismo* is about “...living with Mother Nature”, then it can be assumed that the practitioners of *naturismo* must embody a specific understanding of nature and the natural in an effort to uphold the ideals of *naturismo* within Mexico City. Having an understanding of who *naturistas* are, what *naturismo* is, and how nature and the natural are defined will lay the groundwork for the following chapters.

Who is a *naturista*?

Médicos naturistas are found in *naturismo* clinics across Mexico City. All have very different families and backgrounds; and they all differ in terms of the types of clinics they work in and the types of *naturismo* they practice. During my fieldwork, I spent an extended period of time with four healers. As I came to better understand each of them and began to compare them to each other, I found that *naturismo* is practiced differently by each individual *naturista*. However, the prescription of natural remedies and dietary changes is consistent across the spectrum. Exploring the similarities and variations between healers helps to build a more complete picture of what it means to be a *naturista* in Mexico City; and evidences the fact that different lives, backgrounds and beliefs can be super-imposed upon the ways in which *naturismo* is practiced.

Ernesto

Ernesto is seventy-one years old, although you would never guess it from looking at him. He still has a head full of dark hair, intelligent and clear eyes, a warm smile and the complexion of a man a decade younger. This made for an especially startling comparison when patients would come into the clinic who I assumed were in their

sixties or seventies, but who were actually in their early to late fifties. After completing allopathic medical training at the Mexican National University (UNAM) he practiced allopathic medicine for many years before changing to *naturismo*. While in his early forties and suffering from arthritis in his knees, he was diagnosed with colon cancer. When chemotherapy failed to shrink the cancerous cells, he began to look for alternative remedies, hoping for a better outcome. He discovered *naturismo*, and after becoming vegetarian and using herbal and plant-based remedies on himself, he was soon cancer-free. Once he saw the effects of *naturismo* for himself he decided to completely shun the use and practice of allopathic medicine and dedicated his career to the practice of *naturismo*. His interests tend to relate to his healing viewpoint. He loves to read different types of philosophy and he studies multiple forms of esotericism and alternative methods for healing such as tarot, reiki, massage, and chiropractic. Although he is not religious, he refers to himself as spiritual, and references to his spirituality suffuse both his consultation method and his office décor.

Ernesto's wife Maria is much younger than he is, in her fifties; with long, black hair and large penetrating eyes that can either warm you with a smile or make you cower when she is upset. Their family is large, both have children from previous marriages: Maria has eight children, and Ernesto has four. Many of their children are grown now, but Maria's two youngest are still teenagers. Ernesto and Maria own their home, and four of Maria's children and one of her grandsons live at home with them. They live quite close to the clinic and although neither of them drive, Maria's son often drives them around in a well-kept mid-range sedan. Ernesto and Maria are both vegetarians: he for the last thirty-one years, and she for seven. Only one of his children is vegetarian, and the rest eat meat. Likewise, their children do not all use *naturismo*. Ernesto's son, for example, will use allopathic medicine first, then come to his father for natural remedies if the allopathic treatments do not help him.

Ernesto is the most well established *naturista* I worked with. The type of *naturismo* he practices focuses on the use of plant and herb-based remedies and a healthy, vegetarian diet to treat his patients. He also practices some chiropractic medicine,

massage, and very rarely *curanderismo*. He has been building his business at Centro Celeste for the past thirty years, and has a large, loyal following of patients. The only healer in the clinic, he sees each patient personally, and Maria runs the school and administrative sides of the Centro. Some of their children and extended family members work there as well, and the entire staff is exceptionally close-knit. Ernesto and Maria are both very attuned to goings-on within the clinic, how the patients are reacting to changes in the clinic (like my presence), and any changes in policy or trends surrounding both natural medicine and allopathic medicine in Mexico. Their years of knowledge, personable natures and business acumen have helped them build a strong business, and also seem to help them negotiate shifts and changes in public opinion, government policy, and personal dilemmas that might affect the Centro.

Celeste is located in a *colonia* (a sub-section of a delegation) south of the city centre, close to Iztapalapa, a notoriously dangerous *delegacion* (borough). It is the most residential and private of the clinics I worked in, located on a quiet street a short walk from the metro and one of the major highways that runs through the city. Once you turn off of the main street and into the *barrio* (neighbourhood), you are immediately enveloped in calm and quiet. The *barrio* is a mix of many smaller houses, very few apartment buildings, small businesses, and tree-lined streets. There are no large-scale commercial businesses except for Oxxo, a countrywide convenience store chain. The area is middle to lower class, and the rents in this area are less expensive than *colonias* closer to the city centre, which may be why Ernesto can afford to charge his patients such a nominal fee.



The clinic sign outside Celeste

The clinic entrance is a door in the gated carport that is crowned by a simple black and white sign naming the business and Ernesto as the *naturista* in residence. Walking past an architect's office and a vegetarian café, you enter a *hacienda*-type building, with the clinic rooms located around a central courtyard. The courtyard offers a lot of natural sunlight, and thanks to the perpetually nice weather the clinic benefits from a very open floor plan that allows everyone room to move. The clinic moved here a few years ago after being run out of Ernesto's apartment for years. He chose this location because: "This space...fit the size requirements...It was not a special choice to come to this *colonia*, it just worked. There is also privacy here for the patients, which is important". Despite hosting only one *naturista*, Centro Celeste is much larger than other clinics in Mexico City. There are multiple rooms for the education courses, an ample waiting area, and the *tienda* (shop).

On average, Ernesto sees forty patients every day. The clinic is open six days every week, and it is rare to have an empty waiting room. During my fieldwork, the fee for

a consultation was MXN\$150 (£6.50)¹⁰, but at times he will not charge a patient if it is apparent that they are financially unstable or if they are his close friends or family. The consultations actually bring in very little money for the Centro, instead most income comes from the remedies that they sell in the *tienda* at the clinic. His patients come from all economic classes, and he once confessed to me with a faintly embarrassed smile that he has treated the President of Mexico and stars of the Mexican *Telenovela*¹¹. Ernesto's large following of patients speaks to his level of competence, as many continue to return to him for treatment, and recommend him to their friends and family. Almost all of his patients come to him by recommendation of a friend or family member. He has patients who come from all over Mexico and he regularly sees people from the far-off states of Oaxaca or Veracruz, who have travelled overnight for a consultation. When people cannot journey to the clinic, they telephone Ernesto from their homes. He offers them a diagnosis and prescription over the phone, never asking for compensation for this less formal consultation. Twice a week he goes to a clinic in the southwest of the city to see patients of his who cannot travel to Celeste due to infirmity or severe illness. These are patients that he has had for many years, and it is obvious that he and the patients have a mutual respect and attachment to each other, shown in his commitment to take the expensive taxi ride across town twice a week to see them, making no extra income after paying for his transport.

In the past, he was asked to host a television programme about natural medicine. It ran for six months, and while he confided that he really enjoyed it, he found it to be a challenge getting people to accept what he said, this was because his views are so different from mainstream conceptions of health and healing. Previously he also taught government-funded technical classes on *herbolaria*¹² in poor, rural areas so that the residents could develop skills to use amongst themselves. This work was dangerous due to cartel activity, and the programme did not last long. However, this suits Ernesto better as the clinic is continually busy and it is difficult for him to leave.

¹⁰ As of January 2015, the price had risen to MXN\$200 (£8.50).

¹¹ Mexican soap operas, they often play in the evenings and are very popular with women.

¹² Also known as phytotherapy, this is the study of the medicinal uses of plants.

He often does not get home in the evening until very late, and then returns to the clinic around 9 a.m. every day to teach classes on *naturismo* or *herbolaria* before the clinic opens.

There is a lot of movement on a daily basis of people from upstairs to downstairs, flowing between the *tienda*, café, classes, and into and out of the clinic. Everyone likes to stop in and say hello to Ernesto, ask him a quick question, or offer him some food or drink. He almost never takes a break, even to eat, which drives Maria crazy. She worries about his health, and makes very concerted efforts to get him to eat on a daily basis. He rarely leaves his consultation chair: if patients are waiting, he sees them; and when there are none waiting, if he has already eaten, he will sit in his chair reading or doing paperwork, and wait. It is clear that this room is where he belongs and where he wants to be. Even when the clinic closes for Christmas or *Semana Santa* (Easter week), he feels guilty about the patients who he cannot help, who will have to wait for him to return.

The way he works is reminiscent of past research on Mexican *curanderos*. The most famous were said to have worked themselves to death, unwilling or unable to deny their healing gifts (see Torres & Sawyer, 2005, 2006). Ernesto still seems to be going strong, although the physical and mental exertion required for his job, as well as the large time commitment, mean that he spends very little time with his family or taking care of himself. He once admitted to me that he always gets sick when the family take their one-week of vacation each year over *Semana Santa*. He is wholly dedicated to his patients, willing to sacrifice his own time and health to help others. In this way, he personifies the first attribute of a good healer, something that all *naturistas* strive to be defined as.

Alfredo

Alfredo is another man who looks younger than he is. At sixty-five, he still has a smooth face, sprightly step, lively eyes and an easy smile. With an energy that seems to never flag, he rarely exhibits any signs of fatigue. He loves his work, and his work is his life. A divorced man with three grown children, he often says: “*Mis pacientes son mi familia*” (my patients are my family). He is well liked by everyone and has an open, easy personality that engenders trust. Although he had only been living and practicing in Mexico City for one year when we met, he already has a good following of patients. He splits his time between three natural medicine clinics where he holds consultations and teaches classes. He often travels to all three clinics within a day, sometimes back and forth multiple times. He also travels each year to the USA, Tijuana and Merida to run conferences and see patients. In the clinics, he teaches classes called *pláticas naturistas* (informal *naturismo* courses) where people come to learn how to live a healthy lifestyle and how to use *naturismo* in their own lives.

Alfredo has been a vegetarian for forty years and his entire nuclear family is vegetarian as well. Outside of work he doesn't have many interests, and he works long hours six days a week. He prefers to use public transport than to drive, although he does own a car which he uses when he is running very late. He rents a home in the east of the city, where he lives alone, although he visits his elderly father weekly and talks about his family often. While his work pays well, slow periods in the clinics are a real financial risk. This may be part of the reason he prefers teaching to having consultations. He calls healing ‘easy money’, preferring to teach people how to practice preventative healthcare instead of needing to heal them.

When I asked him if he considers himself to be religious or spiritual he told me: “I am religious, not spiritual. I was born Catholic, and I am Catholic...I have faith, but I do not practice the philosophy very much”. He is, however, very invested in the philosophy of Mazdaznan, which is the school to which he belongs and where he learned natural medicine. It was at school where he discovered the importance of

breathing, exercise, food, and a positive mental state for health: which are the tenets of Mazdaznan (Mazdaznan, 2015). This is the type of *naturismo* that he practices, similar to Ernesto, but with a focus on the importance of breathing as well as a vegetarian diet and herbal/plant-based remedies.

Alfredo works mainly within two clinics, both in the very upscale Colonia Roma. Centro Naturista is located on the border of Colonia Roma and a dangerous neighbourhood called Doctores. It is located on a main road, very close to many of the major allopathic hospitals and medical centres in the city. The storefront faces the main street, and there is a sign advertising the centre over large, plate-glass windows that temptingly display the natural foods, remedies, vitamins, books, jewelry and other esoteric items for sale. Centro Naturista caters to a richer clientele in Mexico City. Consultations here are more expensive than other natural medicine clinics, at MXN\$500 per session, and the clients who come in are better dressed and visibly wealthier than other clinics. I was unable to see a consultation here with Alfredo, as his patients were uncomfortable with me sitting in, perhaps speaking to the exclusivity of the clinic and the types of people who come here.

The second clinic Alfredo works in is part of a large network of clinics and healers called Prospero Reinaldo. This is where he sees many patients and teaches the *plática naturista*. Prospero Reinaldo has a show on national radio for two hours every day, and Alfredo speaks on the show every few weeks, discussing different illnesses and how *naturismo* can cure them. The clinic Alfredo works in is located in a residential area on a quiet street, just one street away from a commercial area that is very popular with *chilangos* and tourists alike. The area is very European in its design and architecture, and the tree lined boulevards and wrought iron balconies are reminiscent of Paris. Various trendy restaurants, bars, hotels and car dealerships line the street. This is an upscale part of town, as you can tell by the residents and by the prices on the menus.

The clinic is surrounded by grand old apartment buildings, schools and small corner shops that benefit financially from their short distance from the main street. This allows a sort of serenity and privacy for patients, while still being an easy location to get to by car or public transportation. Outside the clinic looks very nondescript. The walls are white, white painted bars cover the windows, and there is only a small sign advertising the clinic. During the day a small, handwritten sign is placed outside that lists the daily menu for the vegetarian restaurant located in the basement of the clinic. The clinic consultation charge is MXN\$200, (£10) excluding any remedies or specialised treatments. For example, colonic hydrotherapy treatment is MXN\$400 (£20), while a reflexology massage is MXN\$500 (£25). Most patients who come to this clinic are lower to middle class, and many travel in from other parts of the city or the surrounding State of Mexico in order to see specific healers.

While Alfredo does work long hours, he is more active than Ernesto, cycling and walking between clinics and giving off an air of robust health and relentless energy that is infectious and enjoyable to be around. He is very passionate about his work and much less willing to compromise his treatment plan than others, having a firm trust in the healing power of *naturismo*, which is the second attribute of a good healer – his dedication to his practice.

**PERSONA QUE TOMARA
RAPIA**

COSTOS	
ACUPUNTURA	\$ 1.050,00 3 TERAPIAS
CARTA ASTRAL	\$ 1.000,00
CONSULTA	\$ 400,00
LAVADO COLONICO	\$ 1.350,00 PROMOCION
MASAJE QUIROFLEX	\$ 500,00
REVISION	\$ 200,00

FAVOR DE PEDIR CITA EN RECEPCION

Price list for treatments at Prospero Reinaldo

Tania and Luis Felipe

Tania and Luis Felipe are a married couple who both practice *naturismo* in the form of clinical aromatherapy, or the use of plant and herb based essential oils. Tania is in her mid-thirties, short, with curly dark hair and smart brown eyes. She walks with confidence and purpose, giving off an air of serious professionalism that stems from shyness; but she is quick to laugh once she is comfortable with you. She is gentle with her patients, and enjoys getting to know them, always remembering the details of their lives once they return for follow-up consultations. Originally from the nearby State of Hidalgo, where she trained to be an allopathic doctor, she began studying aromatherapy after one year of practicing allopathic medicine. Although she is still licensed as an allopathic doctor, she only uses allopathic medicine for her patients when it is absolutely necessary such as for a very serious infection.

Luis Felipe is in his early forties. He is a large man, tall and wide, with an equally big presence. He looks very serious at first, but once you get him talking, he opens up into a laughing jokester: sarcastic, witty and humorously flirtatious. He loves to talk with his patients about their lives, and he loves to joke with them to make them feel more comfortable. He also studied allopathic medicine and worked in sports medicine before switching to aromatherapy. He is also still a licensed allopathic doctor, but like Tania he only uses allopathic medicine if it is strictly necessary.

They both claim to not be religious, but both believe in God. As Luis Felipe told me, “I believe in God, I think, but I do not believe in religion, I believe in science. Some doctors tell patients ‘If God wants, you will stay well.’ I say ‘ok, if you cannot help them send them to someone else, to a priest or *yerbero* (herbalist) or something!” Tania and Luis Felipe are the most similar to allopathic doctors that I worked with. They take a far less esoteric approach to health and still have firm links to the allopathic world through their contact with pharmaceutical companies, attendance at health conferences, and desire to see aromatherapy recognised by the dominant allopathic system. They are the youngest *naturistas* I worked with. Tania has been practicing aromatherapy for nine years, and Luis Felipe for eight. Neither of them recommends a vegetarian diet to their patients, and their whole family eats meat. However, they both recommend a very healthy diet to their patients, free of red meat, shellfish, white flour, sugar, and processed foods. This diet varies from patient to patient depending on their illness, but overall it is similar to the diet prescribed by the Secretaria de Salud (Health Secretariat) (see ch. 5).

When I met them, they both worked at Clinica Aromata, which is owned and operated by Luis Felipe’s uncle. The clinic specialises in the use of clinical aromatherapy to treat its patients, and advertises itself as a clinic of *médicos naturistas*. Clinica Aromata is truly a family affair: the owner’s son is another *naturista* there, Luis Felipe’s mother works in reception, and various other family members work in the laboratory attached to the clinic. The clinic is located in Colonia Roma, a short walk from Prospero Reinaldo. On this side of Avenida Insurgentes, the *colonia* is a bit rougher, and it is a mostly commercial area. Many

businesses and shops line both the busy main street and the side streets until you get a bit further away from the main street. The clinic is tucked away on a side street, easy to reach due to its proximity to the metrobus and metro, but lacking any sign or advertisement outside the building. Once inside the building however, there is a sign directing patients to the clinic upstairs.

Tania and Luis Felipe paid a portion of the consultation fees they collected to the clinic as ‘rent’, so to speak. Due to this it was necessary to see a larger number of patients per day than they might otherwise have liked to see in order to make enough money to live on. The aromatherapy remedies prescribed were controlled by a central pharmacy, and the *naturistas* themselves did not mix their own oils or tinctures. However, they both kept samples of allopathic medicines in their offices that pharmaceutical representatives regularly dropped off. These were given out if and when they were necessary.

A few months before my fieldwork ended, Tania moved towards her dream of having her own clinic by leaving Clinica Aromata. She rented out a consultation room in an office building in the south of the *colonia* called El Centro de Médicas (CM). It is a building that is rented out by individual doctors or healers, and they each run their own practice within the building. About eight months later, Luis Felipe joined her there. Many of their patients have followed them to CM from Clinica Aromata, and they only have to pay for the space when they have patients. In this way, they pay much less than they did at Clinica Aromata, and they do not need to see as many patients per day to make enough money to pay their expenses. This allows them both more time with their teenage daughter and to focus on other endeavors. Although they make adequate money and inherited their home, their income is not enough to pay for their daughter’s school and their own future aspirations. To mitigate this, Tania has begun making and packaging her own oils, tinctures and powders under her own brand called ‘GreenDoctor Health Solutions’, which she sells to her patients in the clinic instead of sending them to a pharmacy. Each product is professionally jarred and labeled with the name of the plant extract

or powder, the uses, how they are extracted, the active ingredients, and the proper dose.

For the future, they both see higher education as the way forward, both in terms of financial success and as a way to help legitimate the work they do. Luis Felipe, who is already undertaking his own studies on the pharmacological properties of the plants they use in the oils, feels that once he has a Master's degree he will be able to use what he learns in his work, allowing him to help people more effectively. Tania would like to be able to undertake clinical trials on plant-based remedies to help them become more accepted and regulated. Her biggest reason for wanting to return to school is because "People can buy natural medicines, but they do not know how these react with their other medications, or they take them as an alternative to biomedicine, and we do not really understand how many of them work. So the people take these and they can damage themselves. We need to know the active products in the plants and do scientific studies on them". For them the meaning of being a good healer is tied to their ability to demonstrate the efficacy and safety of their remedies.

Overall, the *naturistas* who I worked with are very diverse, and although they all call themselves '*médicos naturistas*', they all practice slightly different types of *naturismo* and bring distinct characteristics of what a good healer is into their work. After clarifying the diverse types of people who act as *naturistas*, and the variations in the types of healing they offer and clinics in which they work, I now turn to discussing what natural medicine is, and how the practice of *naturismo* speaks to conceptions of 'nature' and 'the natural' in Mexico City.



Greendoctor Health Solutions: “your doctor never was so natural” (Photo: Tania’s Facebook)

What is Natural Medicine?

Naturismo, which could be translated as naturopathy in English, is defined as: “A doctrine that defends the use of natural means in all aspects of life, especially to maintain health and treat disease: naturism is based on the belief that the ability to heal resides only within the human body...” (Oxford University Press, 2014). As this vague definition would suggest, there is not one definitive concept of natural medicine in Mexico. Although it is unclear how long *naturismo* has been an established healing concept in Mexico, well-known *naturistas* such as Shaya Michán have been practicing since at least the 1960s, which was also the time period in which sanitation officials began to define natural and herbal remedies as separate entities from pharmaceuticals (Garzón et al., 1999; Michán, 2014). In addition, during the 1970s the World Health Organisation attempted to establish a program to develop traditional medicine to encourage methods of self-care in Mexico, although this was hampered by government policy (Napolitano, 2002). Today there is no state regulation of *naturismo* education, methods, or practices; nor is there agreement amongst *naturistas* about these same things. However, the core message remains,

and “...through all of this eclecticism, [natural medicine] has always identified the Latin expression *Vis medicatrix naturae* (the healing power of nature) as its philosophical linchpin” (Bradley, 1999:41).

Taking these into account in order to discuss *naturistas* in Mexico City, I define the main philosophy of Mexican *naturismo* to be one in which four main principles are adhered to: (1) the sole use of natural means for regaining and maintaining health; (2) the use of a wide range of treatment methods, as long as there are no ‘unnatural’ aspects; (3) ‘equilibrium’ as a necessity for health; (4) a predominately (or completely) vegetarian diet. Even with these four principles, there is variation between how *naturistas* choose to practice *naturismo*, which appears to be based on both their type and level of education and their personal experiences with natural medicine.

The one unifying and unalterable principle of every *naturista* I worked with is the understanding that natural medicine is any treatment or remedy that is free of any artificial components or chemicals. In other words, *naturismo* is from and of nature. This ideal is bolstered with the understanding that natural remedies, foods and treatments do not harm the user, nor cause side effects. This is viewed as the major distinction between natural medicine and both allopathic and ‘traditional’ medicines. Allopathic medications are felt to be inherently harmful due to their processed, chemical ingredients; whereas ‘traditional’ healers are feared to give incorrect doses or tainted remedies to patients due to their lack of formal education.

In addition to the practice of plant-based medicine, dietary medicine and aromatherapy, *médicos naturistas* practice a wide range of treatments that fall under the umbrella term of ‘*naturismo*’. These include but are not limited to light therapy, acupuncture, Bach Flowers, reiki, chiropractic work, massage, homeopathy, colon hydrotherapy, neural therapy and ozone therapy. Some *naturistas* define all of these treatments as *naturismo* as long as they do not include artificial ingredients or chemicals and do not harm the patients, but others do not. For example, Ernesto claims that homeopathy cannot be considered natural medicine because although the

remedies are made with natural herbs and plants, they are so diluted that they are useless. Likewise, Luis Felipe has no faith in treatments such as biomagnetism, ozone therapy, reiki, or ionic foot baths because they have not undergone studies to prove effectiveness: “There is no basis in fact, no studies done on these therapies...All the people working [in another clinic] are charlatans”.

Clearly, the range of acceptability and perceived merit of different treatment styles is one of the most contentious aspects in defining what *naturismo* is and who is a good healer. If we take the first half of the definition of *naturismo* at face value, then the lack of chemicals or artificial ingredients would encompass all of the above forms of healing. As for the lack of harm from using each one, that requires a much longer, comprehensive study. Overall, every *naturista* I interviewed who utilised these various remedies firmly felt that their treatments were beneficial, effective and harmless. When questioned deeper, they might admit that there was a chance of an adverse reaction if the natural remedy was mixed with allopathic medicines (which was not the fault of the natural remedy); or a natural allergic reaction that a person might have towards certain plants or herbs.

Possible risks and adverse effects of herbal remedies have been studied around the world, and the World Health Organisation has published guidelines for researching and evaluating herbal remedies (Davis, 2012; Ernst, 1998; Grace, Rogers & Eddey, 2013; Rodriguez-Fragoso et al., 2008; Vogler & Ernst, 1999; WHO, 2000). Most studies only focus on a few key plants or herbs, and all base their research on scientific (allopathic) standards, meaning that the measure of efficacy and adverse effects used has been culturally constructed based upon the allopathic model (Etkin, 1988). Although Anderson (1991) found that using clinical trials can at times be used to prove efficacy in CAM such as chiropractic, it is difficult to weigh any adverse reactions or positive outcomes that result from using *naturismo* against standardised measurements without having standardised amounts of plant and herb-based remedies. To date, there have not been any large studies undertaken on the efficacy of *naturismo* remedies in Mexico. This explains why some *naturistas* desire to see their remedies studied, but also why *naturistas* can easily maintain the view that their

remedies are harmless. Without a contextually sensitive method of studying the effects and outcomes of *naturismo* it is not likely to be accepted by the scientific community. However, the perceived lack of harm in using *naturismo* because it is based on non-synthetic ingredients remains a core strength and distinguishing factor of *naturismo*.

Another aspect in which *naturistas* vary their explanations is the perception of *naturismo* as either an alternative or complement to allopathic medicine. Some *naturistas* see it as an alternative, able to wholly take the place of allopathic medicine for all of their patients' needs. They often proclaim that they can use natural medicine to replace their patients' allopathic drugs, while also healing where allopathic medicine has failed to do so. Others see it as a complement, helping cure in conjunction with allopathic medicine, usually as a 'boost' to allopathic medicine. In general, allopathic medicine is felt to be harmful by itself, and it is thought that *naturismo* must be used to counterbalance the side effects of allopathic medicine until the time that the patients can stop using allopathic medicine and rely solely upon natural remedies and a natural lifestyle. Regardless of where they fall on this spectrum, all *naturistas* seem to agree that *naturismo* is a distinct form of healing. It is not tied to any other recognised or researched Mexican healing system, distinct from allopathic, homeopathic and *curanderismo*.

How are naturistas educated?

Education is perceived as the one major factor that separates a *naturista* from other types of healers, a point of pride and method used to judge other *naturistas*. Even though some *naturistas* are not formally educated to the same extent that allopathic doctors are, they find ways in which to educate themselves and to pass along their knowledge to the next generation of *naturistas*. Presently, the only methods by which a person can go about receiving education in *naturismo* in Mexico are widespread and disjointed. At this time, there are no accredited university degrees in natural medicine or alternative medicine available in Mexico. There are courses offered in CAM at various universities, but these do not lead towards recognised professional

degrees. However, various small schools and centres offer their own courses that lead to certificates or diplomas in various forms of CAM. Some schools are accredited by universities – either within Mexico or in the USA or Spain, others are accredited by other centres for alternative medicine in Mexico; and some lack any accreditation except for a connection to a clinic. The programmes in smaller schools such as Celeste, while intended to be professional training, are not regulated for content or practice by any university or government organization. Meanwhile larger programmes such as CUAM¹³ are accredited by Mexican and international universities.

Following on from the previous section, the lack of formal definitions surrounding what *naturismo* is affects *naturismo* education as well. According to Ernesto's wife Maria, there is no overarching regulation that lays out what needs to be taught in order to receive an acceptable education in *naturismo*. Because there is no existing regulation for education, there is disunity between schools in their definitions of *naturismo*, and therefore no consistency across programmes. For example, the *herbolaria* class taught in Celeste is very different from what someone else in another school or clinic might teach and call *herbolaria*. This causes two distinct but related areas of contention: the education that current *naturistas* have undertaken or continue to undertake, and the education available and recognised for future *naturistas*.

The ways in which *naturistas* in Mexico City come about their knowledge of *naturismo* can be separated into formal and informal methods of education. Some *naturistas* have both formal and informal knowledge, and others fall into one category or the other. Here I refer to 'formal' education as any knowledge that has been gained through a certified educational course in an institution that has been recognised by an outside body. This includes degrees, licenses or diplomas from a University; and licenses, diplomas or certificates from a recognised school or centre

¹³ Centro Universitario de Alternativas Médicas: although called a 'university', they do not offer any degrees at their centres in Mexico. They offer license, diploma, and certificate programmes. However, the Cuban location offers a postgraduate degree in alternative medicine.

for teaching. As such a wide-ranging category, there are various levels of knowledge within formal education itself, although all formal knowledge appears to be that which is taught, examined and regulated by a professional healer or educator.

‘Informal’ education is, conversely, any knowledge gained from self-study, unrecognised schools or centres, learned by oral transmission from a family member, mentor, or otherwise more practiced healer, or through trial and error. I do not want to confuse informal education with a form of continuing professional development (CPD), which can be both formal and informal. In my research every *naturista* I spoke with claimed to partake in a form of CPD. Whether this meant attending conferences on natural medicine or allopathic medicine, reading medical journals, attending courses or classes themselves, or undertaking research on their own healing methods to check for viability and capability to heal; they were very conscious of how their level of education, either formal or informal, could affect the way that they interacted with their patients.

Over half of the *naturistas* I interviewed or worked closely with have formal education in medicine. This varies from full training in allopathic medicine, including time practicing as an allopathic doctor before changing to *naturismo*; to training in naturopathy in an accredited university in the United States or Spain. Others completed degrees in non-health related areas before discovering natural medicine, and a few have no formal education beyond that offered in the *naturismo* clinics. In terms of informal education, Ernesto is the only *naturista* I spoke with who has completed a degree in allopathic medicine, then completely taught himself natural medicine. The others without formal education are either self-taught or have learned from spending time with other healers. For example, one became an apprentice to her *naturista* after he healed her chronic pain. She learned from him up to the point that she could practice alone, then went out on her own. Others combine teaching they received from another *naturista* with self-education and a few courses at smaller schools to supplement their informal education. One went so far as to tell me that she had learned all of her healing practices “in the course of life” because there had not been any schools or courses available to her when she was younger.

Professionally, there is a divide between those who have formal education in the form of a recognised university medical degree and those who do not. Many people who have completed a degree in allopathic medicine before switching to *naturismo* feel that their knowledge of the body, pathology, and medicine have made them more qualified to practice *naturismo* than those who do not. Others have learned from smaller schools and centres, having completed diplomas or licenses, but not a full degree. These healers are often self-taught in areas such as allopathic methods and medications, anatomy and physiology. They do not see themselves as less qualified to practice than more formally educated *naturistas*. Instead they view the knowledge itself, the ideals about what it means to be healthy and how one can go about achieving health through diet, exercise and overall lifestyle as the core knowledge necessary to be a good healer – regardless of its origin.



Learning to make herbal remedies in Herbolaria class

Where do you find a naturista?

Due to the lack of cohesiveness surrounding what *naturismo* is and how it is taught, it follows that the role of a *médico naturista* in Mexico City cannot be simply defined or neatly packaged. Often referred to as charlatans, *brujos* or *curanderos*¹⁴ by outsiders, *naturistas* are constantly forced to re-negotiate their role and space within Mexico City due to government policy changes and the will of the public (see ch. 3). In general, they are more accepted now than in the past. This may be the reason why most *naturistas* I met were not overly concerned with recruitment of patients. Widespread advertisement is not seen as a necessity since most patients who visit a *naturista* come following the recommendation of someone else. This method can be seen to weed out charlatans from the *naturista* population, as a lack of healing ability would result in a dearth of recommendations for new patients. In the clinics, new patients would often tell the *naturista* that their friend, brother, mother, boyfriend, etc. had told them about his/her skill and convinced them to come in for a consultation. As Ernesto told me,

...when I switched to *naturismo*, people did not know much about natural medicine, they only really knew about allopathic medicine. I would only have around one hundred patients a year back then. *Naturismo* was talked about badly by other doctors, so people did not really know it and did not use it. People know about it more now, but I do not advertise. Natural medicine is not really advertised at all. What happens is, when one patient comes and is cured, then they bring their family, their friends to see me too. That is how I get my patients. And they come because it works. *Naturismo* functions well to cure people. I know about both allopathic and natural medicines. There are a few things where allopathic medicine is necessary and really works well, but ninety-eight percent of illnesses and problems can be cured with *naturismo*.

This sentiment was repeated by others, but might not be the only reason why active advertisement is not undertaken. Advertising in newspapers, magazines or on the radio are not viable options for many due to high costs. Recommendations, both from person to person and through mediums such as Facebook then become the most cost

¹⁴ A charlatan is a person who is believed to utilise deception and quackery in order to obtain money, fame or other advantages from other people. A *brujo* is a witch, believed to practice witchcraft. A *curandero* is a general term for ‘curer’ in Spanish, but in Mexico it refers to a specific type of healer who utilises herbal remedies, rituals, and traditional methods of treatment.

effective way to get their names and clinics known to new people. Facebook is an especially useful tool that allows a *naturista* or clinic to become easily searchable by a large amount of people who might be seeking an alternative form of healthcare through the Internet.

Those who do advertise on the radio often combine an advertisement for their own services within an advertisement for the entire clinic, at the clinic's expense. One day while Alfredo and I were sitting in the consultation room waiting for a patient, knowing that he had spoken on the radio the week before, I asked if he had received any new patients. He replied yes, a few new patients had come in after hearing him speak. He continued, "The radio is formidable for reaching people. They sit and they listen, they learn some new things, and then they come in". Asking what topics he speaks on, he replied, "Every time is different. This last time I spoke about diabetes, and nutrition. People listen, and maybe they do not know that they have diabetes, or maybe they are using medications and do not know that they have other options. So they call in and ask me questions and I answer them".

When they worked at Clinica Aromata, Tania and Luis Felipe also spoke on the radio in short adverts for the clinic. I was visiting Luis Felipe at Clinica Aromata one day when he received a new patient. A slight, timid-looking middle-aged man, he had brought in a copy of an abdominal ultrasound with him, which Luis Felipe looked at closely. After telling the man how they would proceed with cleaning out the man's liver, he asked where the man had heard about him. The man told us that he had heard Luis Felipe speak on the radio and this had helped him make the decision to come into the clinic.

Why do naturistas think that people use naturismo?

As these stories indicate, and due to the constant flow of patients I saw at clinics, a significant percentage of *chilangos* appear to be looking for alternative options for healthcare. According to the *naturistas*, rising levels of obesity and chronic illnesses combined with the expense of allopathic care are making people more open to

alternative medicines, and they are ready to help these patients: “I feel like there is more acceptance now than there was in the past...when I started it was much harder” Ernesto explained. “There was no acceptance by the government, nor by the people. But [now] the people are also looking for a medicine that is cheap, and soft on the body and healing. So many more of them are looking to and accepting natural medicine”.

But do *chilangos* really view *naturismo* as a distinct form of healing? In a study undertaken in rural Oaxaca, Mexico, Giovannini et al. (2011:934) found that people did not distinguish medicines from different healing systems when they were used: both herbal and allopathic remedies were viewed as equally valid forms of medication. Instead of differentiating between healing systems, the people instead differentiated products based on cost, efficacy, and ease of access. This type of mentality appears to be present in Mexico City as well. New patients often come in complaining of more serious problems after dissatisfying results with allopathic or homeopathic medicine, or after self-care has failed. As many *naturistas* say, “They come to see me because nothing else has worked”. According to *Naturista* Mario, a practitioner of light therapy, “The people are looking for an alternative to allopathic medicine. They cannot find a cure with allopathic doctors. Once they come here, they never go back to allopathic doctors because they feel better and they are cured. They say to me ‘you did what any other doctor could not’”.

However, patients may still be wary of fully committing themselves to the use of *naturismo* or other alternative forms of care. Amongst the *naturistas* it is thought that many people living in the cities have forgotten, or learned to view with mistrust, natural remedies. If there has been a generational loss in what we might call ‘traditional’ herbal knowledge, then there may now be a new generation of people looking for alternatives to the dominant allopathic system that they grew up with, which could explain a re-emergence of interest in CAM in Mexico. If this is true, then this runs counter to recent research in Mexico that has claimed that herbal medicine use and knowledge is common in the current era (Arganis Juárez, 2013; Giovannini et al., 2011; Tafur et al., 2009; Torres & Sawyer, 2005, 2006; Trotter &

Chavira, 1997; Waldstein, 2006). Instead, what I found was that for as many people who are looking to CAM for treatment and have some knowledge of herbal remedies, there are equal numbers who lack knowledge or faith in non-allopathic healthcare options.

Regardless, the clinics are often busy and a wide spectrum of illnesses will be seen in the course of a day, week, or month. Some illnesses are common and mild and prove easy to cure, while others are seemingly more complex and difficult to treat. Many illnesses that it is claimed “other doctors cannot cure” are either un-diagnosable in the explanatory model of allopathic medicine such as generalised fatigue or folk illnesses; or serious illnesses such as cancer, Alzheimer’s disease, or diabetes. At the end of one particular long day, far after the sun had set and the rush of patients had slowed to a trickle, the last patient of the evening in Celeste was a woman with gastritis and gallstones. She walked into the room clutching a set of chronological x-rays for Ernesto to see, showing how her gallstones had grown over time. He studied her eyes and palpitated her abdomen, telling her that her dirty liver and intestines had caused her gallstones: “Take magnesium, it is good for cleaning out the gallstones. Mix powdered magnesium with water and apple juice and drink a small cup every hour for the best effect. Magnesium is good for cleaning out the kidneys, liver, gallbladder and the biliary system”. This was a simple fix, an acute ailment that could be rectified with only one consultation and Ernesto did not expect to see the woman again for this problem.

Another morning, when the air was still fresh and the sun had yet to start heating the courtyard of the clinic, a young man came in who had stage IV stomach cancer. Multiple large tumours in his abdomen were affecting his ability to eat, and he was skeletally thin and weak, requiring assistance from his mother and brother to get up and sit down. Nevertheless, he smiled and joked with Ernesto and myself. He was concurrently receiving chemotherapy, and Ernesto told him: “the chemotherapy treatment is affecting your whole body, not just the tumour. Because of this we need to heal the entire body from the effects of the chemotherapy drugs”. He prescribed *Bolsa de Pastor* (Shepherd’s purse) for the tumours and the appetite, as well as

licuado of papaya, banana, soy milk, flour and amaranth to help cleanse the man's body of the chemotherapy toxins and to help him regain weight. The family left, noting that they would return in another four weeks. Ernesto smiled, confiding in me after they shuffled out that he had seen this man many times. Although he disliked that the man was using chemotherapy, he was committed to helping him clean out his body and bolster his immune system to counteract the harsh effects of the chemotherapy.

Patients that do come in suffering from serious illnesses usually arrive with a jaded outlook born from multiple failed attempts to cure their affliction, or after receiving a particularly dire diagnosis from another healer or doctor. Depending on the perceived seriousness of the illness, the *naturista* will either react with a cheery or grim optimism, telling the patient exactly what they are going to do and how. I never saw a *naturista* turn a patient away or tell them that they could not do something for them. After beginning with a confident “we are going to fix this!” Cancers and tumours are prescribed a regimen of *cancerina* (heather), *guanabana* (guava), and a diet high in fruits and vegetables to help replace the nutrients lost from chemotherapy or the cancerous cells. Diabetes, the most common chronic illness in Mexico, is prescribed *nopal* (cactus), aloe vera, oats, ginseng, *hierba del sapo* (sea holly), and other herbs and plants along with a healthy diet and exercise.

However, many patients come to *naturistas* with non-life threatening problems, such as gastritis, headaches, or acne. Occasionally I would hear a patient say something akin to, “I only use [the *naturista*] for my health care, no other doctors. My wife brought me here the first time, she has been coming to see him for many years”. Patients who continue to visit a *naturista* appear to have developed a relationship with the *naturista* during a difficult illness, either their own or that of a loved one. They then continue to visit the *naturista* for more commonplace illnesses. This might be due to the level of trust that the *naturista* had gained from past experience, the low-stress experience in a *naturismo* clinic, cost, or overall comfort that the patient has with the *naturista* – or a combination of all of the above.

With these varied reasons why a person might use a *naturista* in mind, it is necessary to question just how many of these seriously ill patients *naturistas* are able to cure. Because there is little hard evidence or research on the effects of natural medicine, it is difficult to either refute or confirm claims such as the *naturista*'s ability to cure diabetes or cancer. Research has shown that laypeople tend to feel that natural remedies are less harmful than pharmaceuticals, but little research has been undertaken to gather evidence of efficacy beyond testimonials from patients (Berenzon-Gorn et al., 2009; Busmann & Sharon, 2006; Gardiner et al., 2013; Garzón et al., 1999; Miles, 1998; Waldstein, 2006). As Waldram (2000:609) has noted, many alternative healers around the world make claims to their ability to 'cure' diseases, but researchers have rarely explored the healers' true understanding of a successful cure in an effort to understand what type of knowledge the healers are using in their claims. The *naturistas* I interviewed do not often rely on allopathic tests to prove a positive outcome, and they are often obtuse about how many seriously ill patients they have actually healed.

However, all can offer examples of patients with serious illnesses whom they have been able to bring back to health (some who have been on the verge of death). One exception is *Naturista* Sonny who told me: "When they have no more options they come to me...of the fifty terminal patients I have had over the past year, seven are now alive and healthy and cured. That may not seem like a lot out of fifty, but when they have terminal illness, it is quite good, and nothing else was helping them". Another told me that when he has patients with cancer: "Although I cannot cure many terminal illnesses, I can help them manage their pain and manage the illness...*naturismo* and homeopathy can help them have a better death". However, even at this point, he felt the need for an addendum: "...I have a friend who came to see me from the USA after being told she was going to die. I was able to help her and now she is doing much better". Both *naturistas* made sure to balance their admission that they cannot cure all serious or terminal illnesses with stories of patients they had been able to save. In this way they call attention to the fact that natural medicine can offer help when allopathic medicine has failed, which is the same understanding

espoused by other *naturistas* who claim to be able to cure all chronic and terminal illnesses.

Overall, most *naturistas* claim that a successful outcome, or a cure, is when the patient feels better and when the underlying problem is deemed to have been cleaned from the body through proper diet and treatment. As this type of success is based on taking subjective accounts of effect or change into account to claim efficacy, it appears that *naturistas* rely on the use of what Csordas (2002) calls “incremental” change, in which small changes to the bodily state can be teased out from the patient’s own perceptions of effective change and utilised to claim treatment success. I am not sure how many of the *naturistas*’ success stories are based on simple illnesses such as gastritis; but because every *naturista* I spoke with claims to heal both simple and serious illnesses, and they all claim that they have healed some (if not all) of the serious cases they have had, then they must be offering a tangible positive outcome and a valuable service for which patients are searching and willing to pay for. With this understanding in mind, I would now like to explore exactly what ‘nature’ and ‘the natural’ are in the eyes of the *naturistas*, and how these concepts frame natural medicine in Mexico.

What is Nature? What is Natural?

Conceptions of ‘nature’ and ‘the natural’ have been debated and dissected by anthropologists for years. Many make the case that nature is a social construct that has been conceptualised through the distinction between society/culture and that which is not society/culture, which is, therefore, nature (Ellen, 1996; Ingold, 1986; Latour, 2004; Levi-Strauss, 1973). Castree (2014) has focused on the idea of nature as a synonym for wilderness, or something that cannot be controlled by man, which is the antithesis of life in urban areas, while Strathern (1992) has shown how humans attempt to control nature, yet still refer to it thusly. Much debate has also taken place over whether we have imposed Western perspectives of ‘nature’ upon our field sites, in which the nature/culture divide is created and maintained as a method of

organising and discussing the natural and cultural worlds (Butler, 1993; Carrithers, 2002; Descola & Pálsson, 1996). Breaking from the structural binary of nature/culture which dominated anthropology for most of the twentieth century, Viveiros de Castro (1992), MacCormack and Strathern (1980) and others have argued that in many non-Western societies, the natural and the cultural are not understood as distinct entities. They cannot be separated into disparate conceptions of place or being. Nevertheless, in Western society outwith academia, we still tend to discuss nature as that which is not in, of, or affected by society or culture.

Anthropologists have discussed Mexican conceptions of nature in three distinct ways. The first is nature as something (or things) outside of culture that act(s) to affect the lives and identities of humans, and that therefore needs to be controlled and regulated. Secondly, nature is that which has not been tainted by government interference or control and can therefore be controlled through natural processes by those who live away from strict government control. Lastly, nature is something to be commodified, and as a commodity controlled by the government and large corporations (Bechtel et al., 1999:127; Hayden, 2003b:48; Mathews, 2013:1.14-16; McAfee & Shapiro, 2010:579). Not only do these definitions demonstrate a continuum of the rural/urban divide, many are based on the outcomes of neoliberal discourse and policy, in which the binary of nature/culture has been maintained in order to reach specific economic and political ends.

However, these accounts are based on government rhetoric and actions, and fail to fully examine the lay population's conception of nature and the natural. Hayden (2003b) has discussed this in the context of Mexico by insinuating that the lay rural population has a more sympathetic understanding of nature than the urban population. She describes how the lay rural population is a source of knowledge about nature – both where to find it and how to use it – in opposition to the pharmaceutical companies and government agencies that hope to exploit nature to create new drugs. Mathews (2013) also touches on this issue by discussing how in the 1970s President Cardenas called for nature to be reclaimed and regenerated through controlled planning and planting. Mathews saw this as a method of both

regenerating nature and society in Mexico, offering evidence that the government used rhetoric to alter the people's feelings about and towards nature in an attempt to turn both into manageable entities (Mathews, 2013:76). Following his interpretation, the correlation between the Government's need to control both the indigenous inhabitants of rural areas and nature itself offers an interesting insight into Mexican political aims that will be discussed throughout this thesis.

But what do those non-governmental inhabitants of Mexico City understand nature to be? I expected the data to reveal a view of nature that would not reiterate this nature/culture binary, nor shunt nature into the rural spaces outside the urban centres or to proscribed areas of Mexico City such as parks or the produce section of the market. Yet it appears that the conceptions that dominate the conversation over 'nature' and 'the natural' in the minds of the *naturistas* and the general *chilango* population are ones that maintain these binaries— both spatially and in terms of object classification.

Nature

Generally, the idea of 'nature' for *naturistas* is that which precedes human creation or alteration: the Earth, the physical environment, animals and plants. This includes fruit, vegetables, grains, herbs, and plants as well as water, air, and sunshine. As was also described by Luz (1997) and Turner (1980), for *naturistas* humans are felt to be part of nature, unable to survive without nature, and defined as animals; both through the (generally) natural act of biological procreation and the need to ingest nature in the form of food in order to survive. Rural areas are thought to be where one can find and reconnect with nature. The 'rural' appears to include conceptions of 'the wild' and 'wilderness', but also small-scale farming areas where there is little impact on the surrounding environment.

This idea of what nature is and where one can find it is so strongly held that some *naturistas* will travel outside the city to nearby rural areas to purchase produce for themselves and their families. In trying to better understand the binary separation of

nature/rural from developed/urban in Mexico, I questioned why they felt the need to leave the city for produce since there are so many markets within the city that are overflowing with fresh fruit and vegetables. The consensus was that nature is lacking, difficult to come across, or of a lower quality within urban areas. Therefore, by seeking out nature and the items that nature provides outwith urban areas, one can return to a 'natural' state of being.

While aspects of 'nature' in this context appear to correlate with Western ideas, when further probed, the *naturistas* I worked closely with explained the distinction between nature (rural) and not nature (urban) as one of natural energy, stating: "...energy [is] found in everything in nature – plants, animals, the rain. And how we take these things in, this is *naturismo*". In explaining how this related to the higher quality of plants and herbs in rural areas, I was told: "...natural products and remedies are much stronger in the rural areas, they [the plants and herbs] can live for the air, the wind, the water and the fire. *Medicina natural* is stronger in the rural areas, in the *campo* (field). They take in the energy, have the same energy as the minerals in the earth as in the body...nature is full of energy, and energy is a natural force, which should be used to heal". Outside the city, this energy is more readily available because of the higher concentration of plants, trees, rivers, and the land. Energy is seen less as a quantifiable object than as an essence that aids in healing and keeping the body in balance. As Ernesto told me, "The natural world is not complicated. Nature is full of energy, and energy is a natural force, which should be used to heal. Understanding this leads to clarity. This is the science of natural medicine...*somos un parte de naturaleza* (we are a part of nature). We are not synthetic or chemicals. We are part of the energy that makes up the natural: sun, water, land and air".

Although this natural energy is seen to be lacking in the city (the stronghold of culture, as it were), energy can be found in the natural remedies and natural foods that the *naturistas* prescribe and which can be purchased throughout the city.

Through their prescriptions, they can be seen to be returning nature to the city following years of forced removal through the drainage and development efforts of city planners (Wakild, 2007). This availability is felt to offer an alternative to city-dwellers who cannot easily access natural energy from rural areas: “In the cities, people are very sad because the life here is so contrary to natural life. They look to allopathic medicine, which doesn’t have the properties of the climates of rural areas. They get up, drink coffee, go to work...this is why they eat meat, to try and sustain their life and energy”. Therefore, energy is something that flows between nature (rural) and not nature (urban), being cut off once processing or chemical alteration is commenced.

Although natural energy does not flow through the infrastructure or lifestyles in the city itself, it appears that nature, through natural energy, can be found in the produce markets, natural *tiendas*, and *naturismo* clinics of Mexico City, if nowhere else within the city limits. These then are places that have been specifically structured by humans to house and supply this form of nature and natural energy. While this is seen as less high quality energy or ‘nature’ than that found in rural areas, it suffices to fulfill the health-giving role of nature/natural energy for those that cannot leave the city. Consequently, nature cannot completely be seen as the ‘other’ to culture, but a continuum of energy linking the rural to the urban, and nature to culture. Energy is felt to literally link objects and people and is found in the sun, air, plants, and earth. Through the ingestion of natural foods and remedies humans can absorb the energy that can help heal them. Energy transfer in this way is reminiscent of the ecological-biological concept of energy transfer through caloric intake, but is more aligned with the holistic aspects of *naturismo* than with natural science (Gates, 1965; Hawlena & Schmitz, 2010).

This analysis correlates with Kaplan’s statement that: “[n]ature is not only objective but also normative. It is often perceived to have intrinsic value distinct from its instrumental value satisfying human ends. In this sense, food not only comes from nature but it is good when it does and bad when it does not...[t]he more we live in accordance with natural processes, the more healthy and ‘balanced’ our lives will be.

Harmony with nature is good; disharmony, bad” (Kaplan, 2012:3). Therefore, it appears that ideas of nature are not really constructed by a need to supply a boundary around which all synthetic or human-altered items are stopped and denied status as ‘natural items’ that can be ‘good for you’. Instead, following Latour (2004) we see that there is no real divide between nature and society, yet nature becomes a knowable entity for the *naturistas* and their patients “...through the intermediary of the sciences...defined through the interventions of professions, disciplines, and protocols...” (Latour, 2004:3).

Instead of seeing nature as “a mere artefact of consumer choice...” (Strathern, 1992:197) or ‘the other’, it seems that for *naturistas* nature is something that exists as part of a larger entity that is bounded together by natural energy. And this is something that one should strive to both re-discover and embrace as a part of everyday life. This appears to be why compromises are at times made in terms of where ‘nature’ can be found in Mexico. Instead of insisting that their patients leave the confines of the urban environment, general suggestions are made that one should buy and eat plenty of fresh fruit and vegetables, practice deep breathing, get plenty of sunshine, take hot or cold baths with herb-infused water, or use clay or mud masks on the body. These suggestions encompass the major elements found in nature (air, water, earth, fire) and offer patients a holistic way to bring nature, and natural energy, into the city and their lives without compromising the core definition of ‘nature’.



Tinctures of various herbs

The natural and natural commodities

It is hard to separate nature from the natural in this context. However, for *naturistas* ‘the natural’ is less widely defined than ‘nature’. In their eyes, ‘the natural’ is anything that is not processed, i.e. spoiled, altered or affected by human technology. Any food that has been chemically processed, any medication or drug that is artificially created or any object or item that is seen to harm the natural balance of the body (i.e. how the body is found in nature, such as caffeine, alcohol, etc.) is unnatural. For example, domesticated plants are natural because they have not been chemically processed or changed¹⁵, and capsules containing dried plants are natural because they have not been chemically altered to access the plant’s ‘active ingredient’. Knowing that it has been generally accepted in the twenty-first century that high consumption of processed ‘unnatural’ foods and lack of access to ‘natural’ environmental factors such as clean air and clean water can lead to illness (Kushi et

¹⁵ The idea of genetic alteration, in terms of modification for stronger plants, bigger fruits, etc. was not something that was either discussed or seen as an unnatural process in terms of natural foods. Organic food is not something that is widely discussed or available, which may well change in the coming years as information about GMOs and organics gains footing in Mexico.

al., 2012; Nel, 2005), *naturistas* use this type of justification when promoting the ‘naturalness’ of their remedies and treatments, while ignoring any research that denigrates natural medicine.

As previously mentioned, the sale of natural items is a large source of income for many clinics. And when looking at the items being sold in the clinics, the already thin line between what is natural and what is not begins to blur, bringing the definition of ‘natural’ into question. Many products that are advertised as being ‘natural’ have indeed gone through what would be considered processing. For example, meat replacement items such as soya meat or TVP products (textured vegetable protein) are processed in order to get them into a form that can be eaten and preserved for a longer shelf life. Similarly, packaged items such as Panoto-S syrup have been processed in factories and packaged for sale on a large scale. Made by pharmaceutical company Ivax, Panoto-S is marketed as a ‘herbal supplement’ and contains phenylephedrine hydrochloride (decongestant), chlorphenamine (antihistamine), paracetamol (painkiller), propylene glycol (preservative), and saccharin (artificial sweetener): not items that *naturistas* would consider to be natural (Ivax Argentina, 2015).

Some of these items are sold in the *tiendas* at *naturismo* clinics, and others are sold in normal pharmacies or *tiendas naturistas* (natural stores) that are unattached to clinics. When asking why these items are still considered natural as opposed to other processed items, I either received vague answers about the quality of the ingredients and the type of preservatives added that made an item processed; or was told that the items sold in non-clinic based *tiendas* and pharmacies are not natural because the people selling them do not know where they came from or what they contain. It appears that *naturistas* allow naturally processed foods to be eaten because these foods are felt to retain some of their natural energy by going through a more natural processing procedure. Again we see that education, as well as pragmatism, play a large role in whether an item is seen to be acceptable or not; and none of the *naturistas* I worked with have a problem with the consumption of ‘natural’ packaged

foods. These include natural soft drinks, soya meat replacement snacks, packaged popcorn, or ‘healthy’ cookies made with whole-wheat flour and honey.

This vague division suggests that either this acceptance is a compromise that *naturistas* are willing to make in order to make *naturismo* more easily acceptable, or the natural/unnatural dichotomy is less about the actual food or medical item itself (since it can be argued that drugs such as penicillin are natural since they are derived from natural sources), than the hegemonic group that frames the debate around what is ‘natural’ or ‘unnatural’. Mathews (2013) has noted the ways in which natural processes in forestry have been reframed by Mexican government rhetoric as unnatural, while Hayden (2003b) has discussed the ways in which plants, as a natural resource, were reframed as commodities under the neoliberal Mexican government. Due to a rise in interest in ‘natural’ medications, the government and allopathic pharmacies benefit from the taxed sale of drugs that are marketed as ‘natural’, to the detriment of *naturismo* clinics (Hayden 2003b). Both examples show the power that the government has in re-drawing the boundaries around nature and reframing conceptions of the natural in Mexico, while they simultaneously remove nature from the city through continued development and ignore *naturismo*.

The different nature-views between the government and *naturistas* might be a reason why *naturistas* maintain such a hard line on what it means to be natural despite their own reframing of the natural through natural food items. Although the distinction between what is natural in terms of packaged items is noticeably hazy, by categorising all medicines and foods sold outside a clinic or *tienda naturista* as unnatural or not from nature, *naturistas* create a distinction between where ‘good’ remedies and foods can be found, and where ‘bad’ foods and remedies should be avoided, linking back to Kaplan’s concept of nature, and ensuring that their patients continue to see their approved foods and remedies as better than those sold in general pharmacies as ‘natural’ allopathic medicines.

A glorified past

This leads me to question why so much importance is placed upon the idea of nature/the natural? When discussing the role of media advertising in the promotion of natural medicine in Ecuador, Miles (1998) claimed that the ways in which products are advertised tend to use "...metaphors that mirror cultural myths and therefore link the product to deeply meaningful social ideals" (Miles, 1998:2127). Likewise, Napolitano (2002) found that in Mexico the idea of a mythical past can be used to combat class conflict and increase social solidarity; and the memory of this mythical past can become the lynchpin for maintaining group solidarity over time (Napolitano, 2002:53). If we take these as true, then it would appear that the cultural myths that *naturistas* are relying upon in their promotion and strengthening of the status of *naturismo* are those that link back to the glorification of pre-Hispanic Mexico.

Nature was, essentially, completely intertwined in the lives and worldviews of the Aztecs and other pre-Hispanic groups in Mexico (Staller & Carrasco, 2010). Their societies and religious practices were both based in and geographically close to nature, with the Aztecs worshipping nature through their gods, each of whom were each linked to a natural phenomenon such as air, rain, or corn (Paz 1961:37, 95; Ramos 1972). The Aztecs also followed a sun calendar, and their nature-based worldview was used to regulate social life in their culture (Broda, 1982; Staller & Carrasco, 2010). Like other Native American groups, they believed in a reciprocal relationship with the natural environment, which was demonstrated through their habitual sacrifices to the gods and their reverence for corn (Staller, 2010:60-61). In general, it appears that pre-Hispanic Mexican life literally revolved around nature and the natural rhythm of life. And although this is in no way unique to Mexico, it shows that the Aztecs did follow what *naturistas* are claiming was a life more in tune with nature.

In addition, before the Spanish, herbal medicine was the only form of healthcare that appears to have been widely practiced in Mexico (Foster, 1953; Hersch-Martínez,

1996; Huber & Sandstrom, 2001). The curative power of plants was well-known and utilised in various forms such as teas, poultices, and foods (Zubryn, 1968), and Spanish writings from the conquest period noted the varied and developed pharmacopeia and range of curing techniques of the Aztecs and other native groups (Foster, 1953:203). Taking this information, *naturistas* make the claim that pre-Hispanic Mexico was an era in which humans lived as a part of nature, most living in rural areas; and when food, lifestyles and medicines were ‘natural’. Today, this glorious natural past is thought to be ignored by the government and the population in general, who prefer capitalistic development to maintaining links with nature. Over a lunch of *mole poblano*¹⁶ one warm spring afternoon, the director of the school for natural medicine in Puebla told me: “We [the Mexican people] have lost touch with our natural roots, and forgotten what we have in common with nature”. In light of this, the reason why trust in ‘nature’ and ‘the natural’ are so strongly held onto, yet not easily demarcated by *naturistas* becomes slightly clearer. It is the first point of departure that separates them from other forms of healing, and creates a link with a romanticised natural past in Mexico that is further expanded through a wider understanding of the concepts that *naturistas* use to explain *naturismo* to their patients.

Conclusion

Because the concept of nature and the natural is not bounded or clearly defined, and certain items are defined as natural by some but not others (such as coffee or alcohol), it is easy to understand why critics of CAM would argue that the use of ‘nature’ or ‘natural’ as the foundation that CAM systems such as *naturismo* are built around is a selective process. In agreement with Lupton, by “...defining synthesised drugs as artificial and chemicals (thus bad for the health) while herbs are represented as natural and non-chemical, and therefore safe”, practitioners of *naturismo* can be seen to be consciously choosing to turn a blind eye to naturally occurring toxic or harmful properties in certain plants or herbs, while focusing on the negative aspects

¹⁶ a rich sauce made from spices, nuts, chillies and cocoa

of pharmaceuticals and ignoring any benefits allopathic drugs do encompass (Lupton, 2003:136). This, as we shall see, is one of the main tactics used in the fortification of natural medicine. The use of the words 'nature' and 'natural' are weapons wielded by *naturistas* in order to sell themselves to their patients and highlight the distinctions between themselves and their largest competitor: allopathic medicine.

Chapter 3. I am not a Doctor, I am a *Médico Naturista*

“Natural medicine is ignored by the government. It used to be illegal to practice natural medicine here in Mexico, but now we are allowed to practice. But we are not licensed...the government doesn’t want to pay to treat all the sick people, so they allow the médicos naturistas to treat them. They do not want to put more money into bolstering the national health service, so instead they allow people to seek out other types of healing such as natural medicine....It is better for us to be apart [from the government system]. That way, we can do our own thing without government intervention, while the allopathic doctors are forced to treat their patients in certain ways because the pharmaceutical companies give the government money to sell certain drugs and to heal in ways they want them to. Even if they wanted to use natural medicine they couldn’t because of the companies like Monsanto and Lilly¹⁷.”
–Alfredo

How *Naturismo* is viewed in Mexico

Mexican Government

Alfredo’s perception of his own positioning within the wider medical landscape in Mexico is reflected by many other *naturistas*. Some discuss their position with the same frank acceptance, appreciating the freedoms that their anonymity gives them, while others protest the injustice of their unrecognised role with frustration. Overall, *naturistas* in Mexico City seem to feel that the Mexican Government and allopathic doctors have no respect for either natural medicine or their services. Even today, the official allopathic healthcare system in Mexico denies the widespread existence of complementary/alternative medical systems (CAM). This is curious, since there has been a noted increase in the use of CAM in some parts of Mexico since the late twentieth century, with close to ten percent of the population admitting to the use of alternative medicines. Likewise, knowledge of CAM methods seems to be spreading,

¹⁷ Monsanto is an American multinational agrochemical and agricultural biotechnology corporation. Eli Lilly and Company (Lilly) is a global pharmaceutical company.

especially among the well-educated (Berenzon-Gorn et al., 2009; Duarte-Gomez et al., 2007; Lopez, 2005; Napolitano, 2002). When CAM is acknowledged, it tends to be classified as traditional medicine, meaning that regardless of the historicity or origin of the healing system, it is “considered to have a rational basis that cannot be scientifically proven, and [is] therefore viewed as ineffective” (Duarte-Gomez et al., 2007:80).

Only allopathic medicine and homeopathy are recognised as official forms of healthcare in Mexico (Schneider, 2009; Secretaria de Salud, 2014; Whiteford, 1999; WHO, 2001). Not only does this lack of recognition affect the ways in which *naturismo* is perceived (or not perceived) and positioned by government officials, it also affects the ways in which the *naturistas* themselves are viewed by those who have never used *naturismo*, both other health professionals and the lay population. By outsiders and within the media, they are often categorised as un-educated charlatans, *brujos* (witches), or *curanderos* (Coronado, 2005; Finkler, 1994; Santos, 2014). In the past, healers in systems of CAM such as natural medicine were persecuted and the government took efforts to hide the existence of these healers and their non-scientific healing practices. Over time this negative repression has relaxed, and while *naturismo* is still not recognised as a valid form of healing, *naturistas* are allowed to practice healing (Huber & Sandstrom, 2001; Johnston, 2008; Mexican Government, 2015; Pilcher, 1998; WHO, 2001).

Currently, there are two parameters that *naturistas* who practice within a clinic need to abide by in order to be allowed to practice and sell remedies to their patients in Mexico. The first of these is Article five of the Mexican Constitution which states: “No person may be prevented from engaging in the profession, industrial or commercial pursuit, or occupation of his or her choice, so long as it is lawful. The exercise of this liberty may only be forbidden by a judicial determination when the rights of a third party are infringed...” (Mexican Government, 2015). This can be interpreted to mean that non-allopathic practitioners are at liberty to work as long as they do not harm their patients or prescribe allopathic drugs without a license for allopathic medicine. While this Article does not in any way recognise *naturismo*

specifically, or other forms of CAM for that matter, it seems to offer non-allopathic healers the right to work in order to have a profession, even if this work is not something that is recognised as a helpful form of medicine or as valid in terms of efficacy. According to *Naturista* Mario, my only informant who spoke about the constitution, as long as *naturistas* do not break this law, a government official cannot shut down their clinic. While this legal loophole might seem like a helpful component to the proliferation of alternative options of healthcare for patients, it also opens up the field of CAM to any person who might choose to sell themselves as an alternative healer of any kind, with no care or attention given to education, certification, or actual ability.

As a small mitigating factor for this problem, the law regarding *naturistas*' capacity to sell remedies is a second parameter they must abide by. In order to police whether any non-allopathic healer may be harming their patients, the government recently set up a regulatory body within the Secretaria de Salud (Secretariat of Health) called the Federal Commission for the Protection against Sanitary Risk (COFEPRIS¹⁸) which is tasked with the regulation of any health services and drugs sold to the population in Mexico (COFEPRIS, 2010). In reality, they most often focus solely on the remedies sold in the clinics, taking these for testing to determine whether any harmful substances are contained within the teas, tablets, and creams sold. I met the COFEPRIS representative who came into Celeste twice. On both occasions he sat and talked to Ernesto about the remedies sold at Celeste, commenting on how he felt that some were effective but others were not, and comparing *naturismo* to allopathic medicine as Ernesto sat and smiled benignly. As far as I know, no COFEPRIS representative ever actually sat in on a consultation to judge a *naturistas*' healing practices or whether the use of any natural remedies might have caused any adverse effects after patient use. The *naturistas* view the regulatory action of COFEPRIS with varying degrees of dislike and appreciation. Some appreciate the validating

¹⁸ COFEPRIS is a decentralised branch of the Department of Health with technical, administrative and operational autonomy, whose mission is to protect the population against sanitary risks. This is accomplished through the "sanitary regulation and promotion of the production, commercialization, import, export, publicity of, or involuntary exposure to...health-related drugs and technologies" including health services" (COFEPRIS, 2010).

actions of a COFEPRIS ‘seal of approval’, others are offended by the lack of understanding the officials have for the work they do and the ‘Big Brother’-like oversight of the government through the actions of COFEPRIS.

This type of pseudo-regulation, wherein *naturistas* are allowed to practice by fulfilling vague requirements while mostly being ignored, can be seen as both harmful and helpful to the position of *naturismo* and the role of a *naturista* in Mexico City. A lack of government support stops natural medicine as a system of care from becoming what we might call a ‘household name’ and limits the level of relevancy *naturistas* have with the general population. Lack of support also stops *naturismo* from gaining any legitimacy the government might offer that could boost its profile amongst Mexicans who have little to no knowledge of natural remedies. Conversely, through the lack of recognition and regulation placed upon them, *naturistas* running their own clinics are free to practice without having to rely on often-slow government approvals to come through. Likewise, this allows them to appear trustworthy for their patients, many of whom have become disillusioned and distrustful of governmental systems and the government in general (Morris & Klesner, 2010).

Allopathic medicine

In terms of allopathic doctors, many people I spoke with – both patients of *naturistas* and people I met outside of the clinics – felt that *naturismo* was something that their allopathic doctors did not understand or approve the use of. This corroborates with the work of researchers who have noted an unwillingness or sense of futility in patients to discuss their use of CAM with allopathic practitioners (Howell et al., 2006; Klein et al., 2005). The *naturistas* themselves, especially those who have trained in allopathic medicine, feel that this is because Mexican allopathic doctors are not taught anything about natural remedies. Because allopathic doctors are trained that efficacy can and should be demonstrated only through the use of clinical trials and standardised medications, they do not appreciate the benefits that *naturismo* has to offer.

This lack of respect or recognition can be a very detrimental force working against *naturistas*. When patients receive information from a respected allopathic doctor telling them that CAM methods such as *naturismo* are unsafe, ineffective and dangerous, they may very well disregard these options if and when they ever begin searching for alternative treatment methods. However, it seems that in actuality, when the use of allopathic medicine fails to bring about the desired healing response, many patients seek out alternative forms of treatment. This is undertaken on their own or through the recommendations of friends and family through what Romanucci-Ross (1969) calls the “hierarchy of resort”. When they do seek out alternative care, patients seem to put great trust into their alternative healers, offering candid information about the medications they use and the interactions they have had with their allopathic doctors, an action which many claim is not reciprocated if they return to their allopathic doctor.

Knowing the above, it appears that the position in which *naturismo* sits through governmental action and the dominance of allopathic medicine has benefitted the system just as much as it has harmed it. As stated by Cross, (1998:4) “...if we assume that informal economic actors benefit from their informality, this assumption suggests they have the capacity to defend these benefits, either individually (through evasion or bribery) or collectively (through organised resistance)...” In this way, I speculate that the legal positioning of *naturismo* in Mexico City does appear to offer real benefits to the practitioners. When asked, most *naturistas* admitted that they prefer to be situated outside the official sphere, as this both allows freedom of practice and stops patients from seeing them as part of the system that may have failed them in the past. But it appears that a full acceptance of this position is not that easy, as will be discussed below.

Despite the claim by *naturistas* and other alternative healers I met that there is no acceptance of alternative forms of healing in Mexico, the Mexican Government has in fact begun to recognise some forms of alternative medicine as valid forms of healing, such as homeopathy, which has been recognised since the early twentieth

century (Finkler, 1991; Whiteford, 1999). In 2012 two new Clínicas de Especialidades (specialised clinics) were opened as part of the ISSSTE, offering treatments in homeopathy, phytotherapy and acupuncture for those patients in the ISSSTE insurance scheme. (La San Rafa, 2013; SOBSE, 2012). These clinics might be viewed as open-minded attempts by the government to bring alternative medicines into the mainstream. Unfortunately, only one *naturista* I met has ever even heard of these clinics, and because many of them do not have medical training that is recognised by the government health system, nor is the government seen as a trustworthy employee, it seems unlikely that they would consider these clinics as possible career opportunities or as valid attempts to integrate their type of work into a formalised medical system.

This calls attention to a disparity in the official health discourse in Mexico. While the Mexican Government has begun to recognise some forms of alternative medicine, especially in rural areas where allopathic care is less developed, the importance of curing through allopathic medicine to ensure a healthy population continues to be the main objective of the government through the Secretaria de Salud, visible in their public media campaigns and in published reports (Coronado, 2005; Duarte-Gomez et al., 2007, Frenk et al., 2003; Knaul et al., 2006; Rull et al., 2005; Secretariat of Health, 2005; Secretaria de Salud, 2014). The alternative clinics are not advertised in official discourses, and the lack of public knowledge about these clinics calls into question whether there is actually any strong governmental support for these types of clinics at all.

Media influence

Beyond the role of the government and allopathic doctors in the positioning of *naturismo*, it seems that one of the most pervasive forces affecting the perception of *naturismo* and the *naturistas* is the Mexican media. The strong media bias towards supporting allopathic medicine, while ignoring or disregarding other forms of CAM, has widened the imbalance between systems in the medicoscape. The Mexican media is perceived to be in the pockets of the pharmaceutical industry. This is thought to be

the reason why there is such a strong opposition to investing any government funding into alternative medicines. In conversation with my friend Juan one evening, I was told that far fewer Mexicans use herbal remedies now than in the past due to the marketing actions of large pharmaceutical companies. This shift corresponds with a higher percentage of people in the cities having access to allopathic care with the strengthening of the government health system and the creation of policies during the administration of President Fox that allowed pharmaceutical companies to market their drugs in Mexico (Estern, 2008; Haber et al., 2008).

Pharmaceutical, alcohol, and tobacco companies have very strict laws surrounding how and when they can advertise on TV, radio, in magazines and on billboards in Mexico (Arochi et al., 2005; Luna & Cruz, 2014). In order to work around these restrictions, the pharmaceutical companies are thought to undertake a subversive form of anti-marketing, wherein they pay to have a popular TV show discredit or promote various medications and remedies. For example, I was told that a pharmaceutical company might pay a *telenovela* star to talk about how using herbal remedies is useless or harmful as part of her dialogue; or discuss how using a specific drug helped her to treat an ailment. According to Juan, the people see this and start to believe it, which then changes what type of remedy they will seek out in the future. This sort of suggestive selling of allopathic drugs and vilification of natural or alternative remedies creates a push-pull effect in favour of allopathic medicine, to the detriment of natural medicine.

In magazines you rarely see any mention of natural medicine, although ads for large companies that produce ‘natural products’ such as chamomile eye drops or vitamins sometimes appear (Solis, 2014; TVnotas, 2014). On TV, women’s shows tout nutritional recipes and a natural lifestyle as a way to sell cookbooks and kitchen products. This product placement might correspond to an interview with a health expert who will discuss the national nutritional guidelines of *el Plato del Bien Comer* (plate of good eating, see ch. 5); and what foods should or should not be eaten for health (Cocinemos Juntos, 2015).



'Natural' eye drops made by a Mexican pharmaceutical company

None of these discuss or acknowledge CAM, probably because it is widely understood that herbal remedies are a part of Mexico's heritage, not necessarily part of an organised healing system. Therefore it is omission that most damages the visibility of *naturismo* for the general population.

Two exceptions to this are the popular *naturistas* Shaya Michán and Dr. Abel Cruz, celebrity *naturistas* who have radio shows and youtube channels on which they tout the benefits of *naturismo*. They have collectively published books on *naturismo*, natural beauty, curing diabetes, gastritis and other common ailments (KOPASOFT, 2014; Michán, 1991; Vibratv.com, 2015). While their work brings a level of

notoriety to *naturismo* more generally, it does not seem to benefit *naturistas* as a whole. Instead, Shaya Michán and Abel Cruz have been turned into somewhat cultish figures who are seen to spout grand ideas that are hard to live up to by the general population. As a friend told me, “Abel Cruz says reasonable things about health and nutrition, but it is hard to follow what he says in real life”. Other *naturistas* speak about this type of healer with a mixture of jealousy and derision, which might be accounted for by the desire other *naturistas* have for recognition and validation, despite claims to the contrary.

This liminal state (St. John, 2008) in which *naturistas* are officially unrecognised but allowed to practice is normalised through the understanding that this is the manner in which many things work in Mexico. Unofficial and non-regulated businesses thrive in Mexico through either the apathy of the governing bodies, or the understanding that it is futile to try and stop unregistered workers from providing for themselves (Cross, 1998). Expanded to the operation of a clinic in a permanent dwelling, this complacency for unofficial healthcare both creates jobs and allows patients the ability to pick and choose what types of healthcare they want to use, without requiring more monetary investment by the government. Therefore it can be seen that this complacency feeds the *naturistas*’ desire to mitigate the negative perceptions that abound about *naturismo*, and is most likely an impetus behind the methods they utilise to alter their patients’ perceptions of what they do.

The *naturistas*’ position

Understanding the position in which *naturismo* is placed by outside forces, I will now turn to examine the ways in which *naturistas* validate themselves to their patients. Any attempt to change patients’ perceptions of what good health or good healing are necessitates a strong draw to begin the process. In the clinics this first occurs through overt markers of professionalism. As Williams (2005) has noted, in order for a healer to help their patients successfully negotiate ‘the sick role’ and all of

the social obligations this includes, they need to offer the patient proof of their capacity and qualification to "...‘help’ the patients via this ‘co-operative’ relationship based on trust and a ‘common task’ orientation" (Williams, 2005:182), and this proof is normally required through specific social markers.

Naturismo clinics in Mexico City are professional spaces. Similar to an allopathic doctor’s office, each clinic contains a plethora of objects that may or may not be used in each consultation, but their presence in the space gives them the significance of ritual symbols. These may include medical instruments, books, and certifications. As noted by Helman, these ritual symbols work in the doctor’s favour in order to garner trust in their healing powers (Helman, 2007:243). In *naturismo* clinics, there is always a receptionist at a desk greeting you, taking your name and sending you to wait in the waiting area for your turn with the *naturista*. A prominent display of accreditations, licenses, diplomas, and degrees presents itself on either the wall inside the consultation room or in the reception area. These proud displays offer patients proof of the *naturistas*’ abilities to practice *naturismo*, as evidenced in the embossed lettering on the stamped-and-sealed documents that are so carefully framed. Most *naturistas* wear white medical coats, while others only wear smart business clothes. Consultation rooms are usually private and consist of examination tables, desks, books, chairs and various medical instruments that one would expect to see in an allopathic clinic. With the above implements in place, *naturistas* create an environment in which they can be seen as authoritative figures in whom their patients can trust to make correct diagnoses and beneficial prescriptions. However, appearing professional is only the first obstacle that *naturistas* must overcome in order to alter their patient’s perceptions of *naturismo*.



A waiting room displaying the naturistas' credentials

One day at Celeste, Maria and I were discussing why it is so hard to define *naturismo* in Mexico. She thinks the problem is that natural medicine is not regulated, and there is no set definition of what it is. Anyone can practice *naturismo* without formal education, therefore many people only complete a diploma or certificate, like the one offered at Celeste, and begin a practice. Because there is no way to regulate who has what type of training, this ambiguity makes those *médicos naturistas* who are educated appear questionable in the eyes of the lay population. Overall, *naturistas* feel that formal education is a very important factor in their work. This is not only because of the status it affords them, but also because of the unique insight into the human body it offers. Formal medical knowledge, along with knowledge of ‘traditional’ medicines, gives a healer an advantage over those who lack formal education or only have informal training.

It is felt by those *naturistas* who have formal education that there are many people claiming to be *naturistas* in Mexico City who have little to no education. These people, who they call ‘charlatans’, use the title of *médico naturista* without any regard to how much time, education and training is felt to be necessary to practice *naturismo* by educated *naturistas*. But as discussed in the previous chapter, many *naturistas* can also be categorised in this way based on the definitions and standards of their peers. This creates tension and breeds mistrust within *naturistas* as a group, an issue which I will speak to in chapter six. It is apparent that *naturistas* understand that education can affect the ways in which a patient views them, and whether they will be taken seriously as healers. It is by earning a physical diploma or certificate that can be framed and hung on a wall that a *naturista* can begin to convince new patients of their capacity to heal and legitimacy as a healer, which in turn raises their position in terms of their credibility with the lay population.

Class-based struggles

One reason that I feel so much importance is placed upon education for *naturistas* is the deeply rooted class system that exists in Mexico and the historical correlation between herbal medicine, witchcraft and the lower classes. In their research on oriental medicine in Mexico, Napolitano and Mora Flores (2003) found that in low-income urban *barrios*, ‘traditional’ Mexican herbal medicine historically had a strong link to popular medicine that is practiced in the home. The use of herbs and plants in ‘traditional’ medicine has also long correlated to the poorer classes in Mexico, who would often use herbal remedies in their own homes or rely on folk healers because they often could not afford allopathic care (DeWalt, 1977; Fox & Rivera-Salgado, 2004; Huber & Sandstrom, 2001; Pedersen & Baruffati, 1989; Torres & Sawyer, 2005; Zacharias, 2006). Beyond this, Pilcher (1998) has noted: “Even in the modern world, people who display a knowledge of Native American herbs are often viewed with suspicion as possible witches” (Pilcher, 1998:159). In studies of *curanderismo*, it has been noted that there is often a concurrent use of herbal remedies with rituals practices (Torres & Sawyer, 2005, 2006). As such, it is not a far leap to see why the use of herbal and plant-based remedies is often viewed with suspicion, as something

only useful for the poor, or as something one can in the home that does not require professional help.

Unfortunately, due to these historical perceptions of herbal remedies, *naturistas* tend to be categorised as ‘traditional healers’, which seems to negatively affect their efforts to be viewed as legitimate and professional healers. This speaks to one prominent feature of modern Mexico that Lomnitz (1996) has discussed: the fact that although Mexican social classes have been persistently reproduced, they have not been well incorporated into the modern structure of the work force. This could be one of the reasons behind the disjuncture between an acceptance of *naturismo* as professional and valid and the maintenance of the belief that it exists solely for use by the lower classes.

To ameliorate this disjuncture, some *naturistas* attempt to reclaim and reframe the importance of natural and herbal remedies as a historical facet of Mexican culture, attempting to use the pre-Hispanic roots of natural medicine to convince people of both its superiority and legitimacy. In this way, they are attempting to re-enforce a nationalistic pride in all things Mexican (i.e. pre-conquest), which Foster and Anderson (1978) have discussed as one of the important symbolic roles that traditional medicine can play in a country with a long cultural history antiquity. This is witnessed in consultations where a *naturista* might tell a patient: “Natural medicine is very ancient in Mexico, we Mexicans were using herbal remedies long before the Spanish came”. Therefore, even though herbal remedies are often seen as lower-class remedies, or as a suspicious thing to have knowledge of, knowledge of herbal and plant-based remedies can also be used to help tie *chilangos* (Mexico City residents) to their heritage. Likewise, it can be used to convince *chilangos* that their remedies are both effective and safe due to the long history of their use; as well as worthy for use by all social classes.

However, class struggles are still a very real problem that *naturistas* face when attempting to challenge their own positions as healers. Mexico is very socially stratified, with a highly unequal distribution of wealth and noticeable class

distinctions that are both symbolically recognised and maintained. Class distinctions are well defined, especially along racial lines, and vigilantly observed through the careful use of language and in the lack of access that the lower classes have to many private facilities (Connolly, 2003; Crouch, 2004; Mautner, 2013; Nutini, 1997). This includes private healthcare, and as such, less expensive forms of healing such as *naturismo* are more often patronised by lower classes, while the upper classes see this type of healthcare as ineffective and beneath them.

In an effort to overcome this and show themselves as more accepting healers, *naturistas* in Mexico City present themselves as healers for everyone. They welcome and accept patients from a range of classes, although I did observe a disproportionate amount of lower-middle and lower class people in consultations. I never witnessed any preferential treatment for ostensibly well-off patients, while very poor patients were often given free consultations; and in interviews I was often told: “natural medicine is for everyone”. It seems that by catering to a wide range of social classes, *naturistas* are capable of understanding and utilising the subtle differences in healthcare frames of reference (or explanatory models) that their patients might have (Kleinman, 1978; Whiteford, 1999). As Helman (2007) has noted, having an understanding of class differences not only allows a healer to understand different perceptions of illness, but by looking at healthcare from a class-based perspective one can also see any important differences in illness classification, diagnosis, and in the cultural attitudes that affect different types of illness behaviour and how they should be interacted with. Therefore, being positioned as lower class or only useful for the lower classes by allopathic doctors can be viewed as another risk/benefit of their position in the medicoscape: one that they seem to be very aware of, work with, and also work to rectify.

What is ‘Science’ and what is ‘Medicine’?

Science

Because allopathic medicine is widely regarded as a medicine based on science, it becomes crucial to understand how *naturistas* view and define science, and whether they see science as a useful or necessary method of measuring the legitimacy of their work. This is reminiscent of homeopaths in Guadalajara, who claimed that their work was scientific in an effort to distinguish homeopathy from any religious belief (Napolitano, 2002). It seems that by positioning themselves as scientific practitioners, they hope to separate themselves more widely from ‘traditional’ medicine, while bringing themselves closer to allopathic medicine in terms of the legitimacy it affords its practitioners, if not in terms of its ideals and practices. In this way, *naturistas* are claiming that their work is scientific in what could be called “a mechanism of politics” by comparing their work and their methods to what we would expect to see in the hard sciences, and by distinguishing themselves from “comparative counterparts [of] non-science and nonsense.” (Adams, 2010:40).

Most *naturistas* very seriously view the work they do as scientific. While the definition of what ‘science’ is varies, most of them are keen to clarify that they see themselves as being scientific because they understand the biological mechanisms through which their remedies work, the ‘why and how’ of natural remedies. To them, this means that their practice is scientific, versus the empiric¹⁹ work of allopathic and ‘traditional’ healers. I would often hear: “They [allopathic doctors] do not know why something works or how it works, they just prescribe the medications to the patients. And this causes mistakes if they misdiagnose or give the wrong medicine”. This same idea is also thought to be true of ‘traditional’ *curanderos* and *yerberos* as well. Tania succinctly differentiated between natural medicine and ‘traditional’ medicine, telling me: “Traditional medicine is not scientific, and natural medicine can be. In traditional medicine, it is your Grandma telling you what to take, and there are no

¹⁹ Empiric in this context is used in a derogatory fashion to refer to knowledge of a remedy or medicine that has been taught, or the understanding that something works “because it has been shown to work”, as opposed to having an understanding about how or why it works in the body (the biological processes).

precise or exact amounts or knowledge of this...traditional medicine has no pathology, no one knows how the things work or what amounts to use. The problem with using traditional medicine is that you never know if you are getting what the *curandero* says he is giving you”.

For some, the definition of science in healing means that their work can be tested with the scientific method. For example, Luis Felipe feels that his use of aromatherapy is scientific because studies had been undertaken on aromatherapy oils using the scientific method and published in well-respected medical journals on aromatherapy. *Naturista* Sonny also claimed that his work was scientific, telling me, “My medications get tested – people test the plants with the scientific method. They do this in places like Mexico, Spain, Germany, China and Japan”. In these examples we see that ‘science’ does appear to be based on the same scientific principles used in allopathic medicine. These comments were made by *naturistas* who were initially trained in allopathic medicine, therefore it is safe to assume that it is their background that has shaped their definitions of what science is and what it means to do scientific work.

A disparate view I heard espoused was that science can be found in the connections of every living thing in the universe, using natural laws as the base of scientific inquiry and the base of a healthy life. When I asked Ernesto if his work was scientific, he told me:

Yes, it is. The difference [between biomedical research and natural medicine research] is that the goal of science should not be to find new things. Science in allopathic medicine is used as a mystery, telling people that these new things they find are the only cure, that they are necessary to heal the people, so that they can sell more expensive medicines. But there is clarity in the natural sentiment. The natural world is not complicated. Nature is full of energy, and energy is a natural force, which should be used to heal. Understanding this leads to clarity. This is the science of natural medicine.

Naturista Mario summed this sentiment up nicely, as well as explaining why natural food is so important in natural medicine when he told me that his work is scientific...

...because it follows the rules of nature and the universe. The rule of the universe is that we need to follow nature. This means that in our eating habits, if we eat manmade processed foods, it will be bad for us. But fruits, vegetables and grains are natural, and therefore good for us. The base of natural medicine is scientific by nature. No one can refute these ideas. Even allopathic doctors cannot refute this. They are taught in a different way. They do not deny natural medicine or nature, but they do not follow it. They do not care about food. They do not tell their patients to eat healthy. They are more interested in a cure for illness. They look at the effects of illness, not the cause, which is the opposite of natural medicine. This causes illness to return over time and side effects from the medication use. The medications they prescribe damage the liver, kidneys and other organs. They are aggressive.

As this shows, ideas about what it means to be scientific, and what science is, vary greatly across the population of *naturistas*. However, we see that the term ‘science’ is recognised and used as an acceptable term for defining *naturistas* and their work. Even amongst those trained in allopathic medicine who will have been trained in the scientific method in university, the gauge used to measure the scientific manner of their work is not cohesive. It is interesting that some of them hold onto these concepts after switching to natural medicine, while others shun it. This shows us another rift between *naturistas* that may contribute to their lack of cohesion as a group and demonstrates how tenuous a term like ‘science’ can be.

Medicine

Medicine is another word that has historically been tied to allopathic medicine in Western cultures, but which has also been used when discussing forms of alternative medicine in previous research (Berenzon-Gorn et al., 2009; Cañigüeral, 2003; Cano & Volpato, 2004; García de Alba García et al., 2012; Garzón et al., 1999; Knaul et al., 2012; Lavielle et al., 2008; Lindenbaum & Lock, 1993; Menéndez, 2003; Spector, 2004). However, the definition of a medicine differs between natural medicine and allopathic medicine. In fact, the term ‘medicine’ or ‘*medicamento*’ in Spanish is quite often shunned by *naturistas*, who prefer to refer to their treatments as ‘*remedios*’ (remedies). The word *remedio* is defined as “a means of helping or

repairing damage”, while the word *medicamento* is “a substance that is administered with curative aims or to prevent illness” (Kellogg, 2014).

In understanding the aims of *naturismo*, it seems that both definitions could be used to effectively define *naturismo* treatments, but their dislike for the word ‘medicine’ can be seen as another method to ensure distinction is maintained between themselves and allopathic doctors; and their type of healing in opposition to allopathic medicine. However, when and how this distinction is made demonstrates another aspect of the practice of *naturismo*. In everyday practice, the difference between a medicine and a remedy is not well defined to patients. When I began interviewing *naturistas*, I was corrected multiple times for using the word *medicamento* to ask about the treatments they offered. I was told in no uncertain terms that their treatments were “natural, without chemicals” which separated them from allopathic ‘medicines’. This distinction did not arise when I used the term ‘remedy’ which was more acceptable and neutral than medicine; and as time went on, I found that they used the ‘remedy’ in consultations with patients as well. Interestingly, the term ‘drugs’ is often used interchangeably with ‘medicine’ when discussing the allopathic treatments that patients are using concurrently. This is another method to call attention to the differences between *naturistas* and allopathic doctors, especially when they make statements about the negative effects that drugs have on the body as opposed to natural remedies.

A question now arises: why is the practice of natural medicine, *medicina natural*, referred to thusly? Although a *naturista* will correct you for the use of *medicamento*, they do not seem to place the same significance in the use of the word *medicina* when referring to the practice of natural medicine. Instead, the words *naturismo* and *medicina natural* are used interchangeably. It seems that this might only be a method of categorisation, to which no negative connotations are attached. In common Mexican vernacular, different forms of healing are referred to as allopathic medicine, homeopathic medicine, traditional medicine, alternative medicine, complementary medicine, and natural medicine. This could simply be a manner in which people have become accustomed to speaking about any form of healing due to allopathic

hegemony, without giving thought to the meaning of the word ‘medicine’. However, I feel that it is also a form of formal validation, setting *naturismo* apart from unofficial ‘traditional’ and folk healing systems that are commonly referred to as *espiritismo* and *curanderismo*²⁰ (Berenzon-Gorn et al., 2006; Finkler, 1980; Jauregui et al., 2011; Johnston, 2008; Leslie, 1980; Padilla et al., 2001; Pedersen & Baruffati, 1985).

Doctor/Médico

Another distinction that affects how *naturistas* may be perceived is the use of the different titles ‘*doctor*’ or ‘*médico*’. Some *naturistas* make no distinction between the two terms, but others corrected me immediately when I greeted them with the title ‘*doctor*’, informing me that they were in fact *médicos*. For some, this distinction is important because they have not undergone any formal education in either allopathic or natural medicine: they literally are not doctors in the sense of holding the title of MD or ND. For others, it is because as healers they want to be viewed as distinct from allopathic doctors, drawing attention to their formal training in natural medicine as opposed to allopathic medicine, as well as their capacity to heal holistically. One of the *médicos* who corrected me was Tania, the minute I met her. I normally greeted *naturistas* the first time I met them as ‘*doctor*’ as a term of respect, usually not knowing yet what level of education they had. I had noticed in Celeste that the patients and staff referred to Ernesto as *doctor*, and I (incorrectly) assumed that it was a catchall phrase for a healer in Mexico. Tania, upon hearing my gaff, quickly told me: “I am a *médico*, not a *doctor*”. Even though she is trained in allopathic medicine, has previously practiced allopathic medicine and is still licensed to prescribe allopathic medications, she prefers to be addressed and seen as a *médico*.

Naturista Mario also tells his patients that he is a *médico naturista* as a way of separating himself and his remedies from other types of doctors and healers. To ensure that his patients are aware of his legitimate role as a licensed healer, he will

²⁰ While the terms ‘natural medicine’ and ‘*naturismo*’ are used interchangeably in conversation, in consultations, adverts, and on business signs the term used was always ‘*medicina natural*’ (natural medicine).

point at his diploma with a laser pointer and say: “I am a *médico naturista*” in the middle of his consultations. This seems to reiterate his legitimate ability to practice, while also possibly creating a positive link in the patient’s minds about natural remedies and educated *naturistas*. Regardless of the feelings that *naturistas* hold about being defined in a particular manner, many patients still refer to them as *doctores* (doctors). I never heard the *naturistas* correct a patient, perhaps recognising the use of the term doctor as a sign of respect, not a level of confusion over their roles as a healer. If the patient asked, then like *Naturista Mario*, other *naturistas* would discuss their education and titles. But generally patients seemed content to sit and listen to what the *naturista* said, not overtly focusing on their titles or credentials.

Clearly, many words can be co-opted to suit multiple purposes, including legitimising the practice of *naturismo*. In Mexico City, the appropriation of ‘science’ and the use of the terms *remedio* and *médico* help to reinforce the role of the *naturista* as a professional healer, yet their blending of ideas about finding science in nature and using science to validate conventionally un-scientific practices separates *naturismo* further from both allopathic and ‘traditional’ medicine. This positions *naturismo* between the two, wherein *naturistas* create a niche between science (allopathic) and faith (*curanderismo*); or what Martínez Hernández called “the polarity between biomedicine and ethnomedicine, or disease versus illness” (2008:37). These distinctions seem to be a method of distinguishing themselves from other healers, which can be a difficult distinction to maintain; and legitimising their work as both official and superior through its holistic method of diagnosis and treatment.

Mixture of Allopathic (dominant) and ‘Traditional’ (alternative) Methods, Remedies and Concepts

Another way in which *naturismo* can be seen to sit between various other healing systems is through the variety of methods, remedies and concepts within their practice that stem from allopathic medicine and *curanderismo*. Whether used

consciously or unconsciously, these appear to help maintain a level of familiarity with patients who most likely will have used either other system. Likewise, it allows *naturistas* to decide how they would like to be perceived by the lay population. Their self-constructed niche evidences the agency that *naturistas* are exercising around the structure of the wider medicoscape, and aids in the development of a more nuanced picture of their position in what is clearly a multidimensional healthcare context (Alvarez et al., 1998; Bourdieu, 1977; Lupton, 2003; Williams, 2005).

Although a significant majority of *naturistas* I met do not recommend the use of any allopathic treatments, they are very knowledgeable in the various types, names, uses, and side effects of the most common allopathic medications. In both the clinics and interviews, I noticed that they also utilise the same names for illnesses as those used in allopathic medicine. Hepatitis, gastritis, influenza, renal failure, cancer, kidney stones, diabetes, and asthma: these, among many others, are all illnesses recognised and discussed as such by *naturistas*. Many patients come in to see a *naturista* after receiving a diagnosis from an allopathic doctor. It appears to be easier in these situations to utilise the same terminology that patients already have for their illnesses, allowing for an easier amalgamation of *naturismo*-centric conceptions of illness causation. By combining this knowledge, *naturismo* seems to exist in a state of fluidity between multiple social contexts and classes, capable of re-appropriating medical knowledge and dialogue in order to redefine class-based identities (Crandon-Malamud, 1991:22; Harrington, 2008).

In this way, *naturistas* can be perceived as distinct enough to draw in patients looking for an alternative to allopathic medicine, while still legitimate through the use of scientific terminology. Likewise, I would suggest that allopathic terminology is also used to demonstrate to the patients that they both understand allopathic diagnoses and can interact with these diagnoses in a meaningful way. Unfortunately, this also puts them at risk for what Lupton (2003) described as the professionalisation of alternative medicine, which can alienate patients more than helping them to trust in their alternative healers. This would be even more

problematic in terms of lower class patients, who are more likely to have experienced class-based tensions in the past. In her opinion,

...alternative medical practitioners, by emphasizing the ‘professional’ aspects of their craft, are more likely to approach the doctor-patient model of treatment prevailing in biomedicine...In their struggles for legitimacy, therefore, alternative therapies are steadily weakening the boundary between the traditional and the holistic approaches to health care and thus losing any potential they may have had to offer an alternative to scientific medicine (Lupton, 2003:137).

This attempt at professionalisation is not unique to *naturismo*, but there is evidence that it can be managed in a way that ensures distinctiveness is maintained. According to Torres and Sawyer (2005), many modern *curanderos* in Mexico understand germ theory and the biotechnology of allopathic medicine, but they maintain their own methods of healing (Coronado, 2005). These *curanderos* “are going through an important transformation, since they are working closely with physicians and nurses and using modern, conventional medical techniques on a more and more frequent basis” (Torres & Sawyer, 2005:157). While Torres and Sawyer claim that this syncretism of methods and willingness to corroborate with allopathic doctors is due to the fact that allopathic medicine is not widely available to people in rural areas, this is not the case in urban Mexico City.

It appears that because allopathic medicine is the dominant and most visible healthcare system, *naturistas* are appropriating allopathic terminology and knowledge for their own use as they practice in the shadows of the dominant system. Once they have mastered this knowledge, they then refuse to work with, support or consult allopathic doctors as a way to maintain a sense of power in the face of constraining social structures. This is a way of rationally pursuing what is most useful for them in their current social context, in this case: legitimate knowledge (Fainzang, 2007; Ortner, 2006 [1984]). This aligns with Blacks’ (1977) definition of power, in which a person must utilise specific behaviours that will help them obtain, retain and maximize their own ‘powers’, while “avoiding being controlled by the ‘powers’ of others” (Black, 1977:148), but does not answer for the reasons why

naturistas also appropriate the terminology and knowledge of *curanderos*, who are arguably in a less powerful position than they are (Berenzon-Gorn et al., 2006; DeWalt, 1977; Huber & Sandstrom, 2001).

The only occasions where I observed an exception to the use of allopathic terminology was in the one case of folk illness, a *susto* (fright), that I encountered in the clinics. These illnesses are recognised as being caused by a traumatic experience (i.e. having a gun pulled on you), and the symptoms are seen to derive from the soul loss that results from *susto*. This terminology and understanding of causation is directly linked to *curanderismo*, and has been well documented as a common Mexican folk belief (Berenzon-Gorn et al., 2006; DeBellonia et al., 2008; Lopez, 2005; Padilla et al., 2001; Poss & Jezweski, 2002; Torres & Sawyer, 2005; Weller et al., 2012). While some acknowledge and treat what are referred to as ‘traditional’ or ‘folk illnesses’, others do not. Luis Felipe told me that when his patients complain of a *susto* or *empacho* (a blockage in the stomach), he listens to them, determines the symptoms, and then makes his own diagnosis based on symptomatology and the patient’s lifestyle. He then offers a treatment plan to the patient, keeping his own diagnosis to himself. In this way he is able to treat them without belittling or challenging their belief in traditional illnesses.

However, when looking into the types of remedies used in both *naturismo* and *curanderismo*, many similarities are visible. Most of the herbal remedies used by *naturistas* have roots in *curanderismo*, or have been used for centuries in family kitchens, grown in the garden and used in forms of self-care (Baytelman, 1993; Fox & Rivera-Salgado, 2004; Tafur et al., 2009; Torres & Sawyer, 2005). Many of these remedies are well known, if not in the same form used by the *naturistas*. For example, a *naturista* might make and sell capsules or tonics of various herbs instead of using the herbs in a poultice or tea form, as a *curandero* or someone’s *abuela* (grandmother) might do.

I tried to understand the distinction between the two different systems while in the field. One hot October morning I met with Alfredo at his consultation room in Centro Naturista for an interview. Alfredo looked composed as ever, dark skin stretched into an easy, genuine smile, not a hair out of place and his navy blazer neatly buttoned over a navy shirt and trousers. We greeted each other with a kiss and a handshake then sat down, me in front of his desk, him behind it. Fanning myself with my list of questions while I attempted to retain some sort of composure as well as my handle on Spanish, I asked the first thought that popped into my mind: what is the difference between a *curandero* and a *naturista*? Maintaining his easy grin, he told me:

curanderos, shamans and *brujos* (witches), while the names can be synonymous with '*naturista*' depending on how you define them, or where you are from; they focus more on things like following the cycles of the sun and stars, and they treat fewer people. They do not have the same type of education that we do. Many *curanderos* live in rural places, although there are some in the city as well. The main difference is that the *curanderos* and *brujos* focus almost exclusively on healing the spirit or soul, they do very little healing of the physical body, while *naturistas* focus more on healing the physical body, and less on the spirit.

Accepting this distinction, I moved on. But later the lines between the two became blurred again when I asked him about where he bought the plants and herbs he used for his treatments: "You've probably heard of it, it's quite famous: *Mercado de Sonora*". "Yes!" I replied with surprise, having visited this Mercado quite recently, "But I think that there are many *brujos* and charlatans there". "Yes" he replied, "but *curanderos*, *brujos*, *naturistas*, we are all the same, yes, the same". When pushed to explain how they were the same, he told me that many of the herbal and plant-based remedies are the same between his own type of healing and that of the *curanderos* and witches.

It is apparent that a mixture of allopathic and traditional conceptions, methods of treatment and terminology are all used interchangeably and with discretion in *naturismo*. The utilisation of diagnostic tools such as iridology²¹,

²¹ A technique of diagnosis wherein it is believed that patterns, colors, and other characteristics of the iris can be examined to determine information about a patient's health. Practitioners match their

sphygmomanometers²², blood tests, physical examination and collecting thorough histories of illness(es), medicine use and lifestyle allows a *naturista* to show their competence in terms of allopathic methods and traditional remedies, their ability to fulfill patient's expectations of 'proper consultations'; as well as their ability to go 'above and beyond' the understanding of illness that an allopathic doctor or *curandero* alone might have (Nisula, 2006).

Likewise, the mixing of allopathic-approved 'scientific' practices with alternative healing practices aids *naturistas* in convincing their patients that their conceptions about illness and the subsequent remedies and lifestyle changes they require are both valid and worth attempting in order to regain health. As one man said, wearing a look of impressed wonder at Ernesto's skills, "It is amazing! He knows what's wrong with you just by looking in your eyes! You do not even have to tell him what is wrong and he can always tell!" I would also argue that the use of multiple diagnostic tools of various origins makes visible the different cultural values that are present within and between social classes in Mexico, which are often disregarded in the diagnosis of disease in allopathic medicine (Lupton 2003), yet important to acknowledge for the development of relationships with patients.

In this regard, *naturistas* create another way of thinking and speaking about physical illness that is neither the "Traditional way that has lost credibility, nor the standard physicalist way that lacks existential relevance" (Harrington, 2008:18). Likewise, they are defying the stereotypes that abound around their line of work by reclaiming and using the knowledge that is thought to belong to other healers (Gutmann, 1996). As Harrington (2008) found, this alternate way of thinking and speaking, "Often claims to have a scientific understanding of illness that is more complete than that provided by the physicalist stories of mainstream medicine...Mind matters too: how one thinks, how one feels, what kind of personality or character one has or cultivates" (Harrington, 2008:18).

observations to iris charts, which divide the iris into zones that correspond to specific parts of the human body. Iridologists see the eyes as "windows" into the body's state of health (Lindlahr, 2010).

²² A machine to check blood pressure

In this case, does that not make the *naturistas* also ‘empiric’ by their own definition? They are re-appropriating tools, definitions and methods from various healing forms *because they know that these terms, tools and methods work*. This is done in order to create a unique healing ritual, parts of which most patients most likely will not have experienced before. However, I feel that it is the professional yet semi-informal atmosphere in which *naturistas* work that highlights the power struggles between systems; as well as the attempts being made by *naturistas* to cultivate and alter their own position within Mexico City at the expense of other healing systems. They work hard to maintain the separation between themselves and *curanderos*, and between themselves and allopathic doctors. In general, it appears that *curanderos* are not seen as a real threat to them, their livelihoods, nor to a smaller extent their patients. Conversely, allopathic doctors and their dominant position are seen as a very real threat both to their patients’ bodies as and to the status of *naturismo* as a whole.



Blood Pressure? Check!

Relationships and Co-dependency

The use of allopathic terms for illnesses, the understanding of allopathic treatments and knowledge of allopathic medications, as well as the ability and willingness to cater to (or at least acknowledge) ‘traditional’ illnesses and utilise ‘traditional’ treatments, offers evidence that this self-proclaimed unique system for healing is actually far more pluralistic and similar to other forms of healing than is often admitted, which we would call a form of medical syncretism (Leslie, 1976).

However, beyond the mixture of allopathic and traditional methods and terminology, there is also a co-dependency that exists between healthcare systems. Due to the ways in which the government deals with the incapacity of its own system to manage the health needs of the population, all systems of CAM appear to be necessary, and it is this co-dependency that makes it more difficult for a system such as *naturismo* to clearly define its own margins.

Naturistas cannot deny that beyond the flow of ideas and symbols between the healers, there is also a flow of patients between healing systems that they must rely on for their business, even while lamenting that the use of other types of healing is the reason why so many people are ill in Mexico. This is especially frustrating for *naturistas* because their patients tend to continue the utilisation of multiple healing systems even after their *naturismo* consultations. This can be explained by the prevalence of medical pluralism in Mexico, wherein past research has shown that when individuals have access to manifold practitioners and systems, the wide variety of options often “Leads to serial and simultaneous utilisation [and] implicitly supports the notion of a fluid conceptualisation of efficacy. In this sense, neither the patient nor the physician/scientist/healer has the sole voice in how efficacy is defined and when it has been achieved in specific circumstances” (David & Zakus, 1997; Hayden, 2003a; Press, 1969; Romanucci-Ross, 1969; Waldram, 2000:615; Whiteford, 1999).

It may be these fluid ideas of efficacy that keep patients moving between systems. However, it is important to note that the reality of the situation is that many of the

patients who come to see a *naturista* are very often using both allopathic and natural medicine concurrently. Conversely, they may be considering a switch to an alternative form of healing after receiving unsatisfactory results from allopathic medicine. Some patients have already been to see other alternative healers, and again they might be utilising multiple forms of CAM. Otherwise they might be unsatisfied with other alternative healing systems as well. This seems to offer evidence that instead of a “fluid conceptualisation of efficacy” patients are instead looking for different types of efficacy based on different forms of healing. If this is the case, then the *naturistas*’ open attempts to wean their patients off of all non-*naturismo* treatments can be seen as a tactic to appear distinctive in the midst of multiple discourses surrounding health and healing efficacy that their patients have access to.

Although they dislike it, *naturistas* do recognise that they cannot force their patients to stop using allopathic or other medications. But by recognising their patients’ use of multiple systems, they give themselves an advantage over allopathic medicine that would be lost if they were to deny this plurality. This acceptance allows them to be party to the constant interactions that exist between care illness models. These interactions are usually ignored by allopathic doctors, or criticized when they are acknowledged (Menéndez, 2003; Zacharias, 2006). In this way, we see that *naturistas* and allopathic doctors maintain relations of co-dependency through their methods of exclusion or derision of the others. Similarly, it seems clear that *naturistas*, allopathic doctors, and *curanderos* maintain a type of connection through their patients, and the illnesses their patients present with.

This offers an example of a paradigm as defined by Mol (2002). She has noted that since different scientists will have been trained in different ways and for different purposes, they will answer simple questions about a specific phenomenon quite differently. But when you look deeper, you can see that in actuality, they are discussing the same phenomenon in their own terminology. Although the same terminology might be used between healing systems in Mexico, it is the causation of illness that varies – thus the paradigm, and the reason why patients can easily move between healers. Mol further noted that: “...paradigm is a term that designates

connectedness”, and the key point in this situation is that it is “The connectedness inside these paradigms that [makes] it possible to articulate the differences between them” (2002:72-73). This returns us to how healing ideas can flow between systems, and how these ideas shift over time between different types of practitioners, just as easily as patients shift between systems as their health needs change (Lupton 2008).

What Sets *Naturismo* Apart?

Through the ways in which they speak to their patients about the benefits of their own services as opposed to allopathic medicine and/or *curanderismo* and other ‘charlatans’ of natural medicine, *naturistas* subtly define what they think a good healer should do and be for their patients, as well as ensuring that they maintain a niche for themselves in the Mexico City medicoscape. This offers an example of Foucault’s (1978) “micro-politics of power”, in which *naturistas* act in small, meaningful ways to be seen as legitimate healers within both the medicoscape and the wider culture. This is accomplished through their conscious use of specific terms, concepts, and instruments in order to appear legitimate while debasing both allopathic and ‘traditional’ forms of healing. When comparing the symbolic metaphors that *naturistas* and allopathic doctors use to describe bodily illness and preferred methods of healing, it appears that two contrasting social bodies are being created and reinforced (see Scheper-Hughes & Lock, 1987). In order to counteract the power and positionality that allopathic medicine benefits from, *naturistas* capitalise on these differences in an effort to gain validity and acceptance based on cultural and social ideals that are divergent from the allopathic system, many of which have been deeply normalised through historical precedence for allopathic medicine by the state. However, there is some crossover between healing systems that is visible from the anthropologist’s perspective. Far from openly acknowledging any similarities and the ways in which these similarities are used to negotiate their positionality, *naturistas* instead focus on the benefits of their unique practices and the healing concepts that set them apart in order to bolster the image of themselves as

healers who are individually capable of healing patients for whom other methods have failed.

By accepting the above, it appears that *naturismo* fits into what we might call a ‘fourth sector of health’, which expands on Kleinman’s concept of the three health sectors: popular, folk and professional. This fourth sector could be defined as a group of semi-professional healers that embody traits of both folk (traditional) and professional (allopathic) healers (Helman, 2007; Kleinman, 1980). It is these traits that both bolster the identity of a *naturista* as a distinct type of healer from traditional and allopathic healers, but which also create issues of contestation over what exactly makes them unique and superior to other types of healers. By capitalising on their distinct attributes, *naturistas* are shifting the population’s perceptions as to what it means to be healthy, and how one should go about developing health. It appears that this is an attempt to re-negotiate their own position within the medicoscape, which has been created for them through the dominant social institutions of the Mexican Government and the popular media. How they do this can be better understood with a further analysis of their conceptions as to what it means to be healthy.

Chapter 4. We Are Going to Clean Out Your Body!

Beyond constantly (re)negotiating their roles within the medicoscape, *médicos naturistas* also actively attempt to alter the common conceptions and misconceptions held by their patients regarding what it means to be healthy, and what type of healers and remedies they can use in order to regain or maintain health. This is done through the use of very specific subversive language in the clinic, and by utilising the theme of bodily equilibrium through cleanliness in order to speak to the inherent disequilibrium that they encounter: both within their patients' bodies and within the wider medicoscape in Mexico.

Altering the Status Quo: Communication

The patient nervously sat up tall on the edge of her chair, twisting a tissue in her hands while she listed off her complaints to Ernesto: headaches, eye problems, strong bleeding during her period, endometriosis, and bad circulation. Ernesto sat facing her, chair parallel to his desk, balancing his clipboard on his lap. Although he sat back comfortably in his chair with his legs crossed and a serene look on his face, he listened closely, eyes darting from her face to his prescription pad as he took notes about her manifold symptoms. Once she finished, he set down the pad and wrapped the arm band of the sphygmomanometer tightly around her upper arm, noting her blood pressure aloud, then asking her to stand on the scale so that he could take her weight. “¿Sin zapatos?” (Without shoes?) She queried as she stood on the scale. “No, with shoes is fine” he replied as he wrote down her blood pressure, then her weight. She looked down at her weight, and a look of startled surprise crossed her face. “I have lost some weight!” she exclaimed, looking chuffed at her own unintended weight loss success. I did not have the heart to tell her that Ernesto's scale under weighs by about two kilos. Ernesto responded with a non-committal noise as he wrote, and asked her to be seated. He set down his writing implements and took up his flashlight and magnifying glass to look into her eyes. He asked her to come closer and open her eyes widely. She complied, looking just as nervous now as she did

when she entered. I doubt she had ever been the subject of a diagnosis through Iridology. Ernesto shone the light into each iris, made some more non-committal noises as he peered into both eyes. He then put the magnifying glass and flashlight down as he took up the prescription pad and asked her whether she had been having diarrhoea. She told him yes, to which he nodded, saying that this was good. He then turned to me and said: “Diarrhoea is good for cleaning out the body”. He proceeded to write out a prescription for the woman, including three herbal teas, *ovarice*²³ for her reproductive system, a pain cream for her muscles, and he suggested she rub herself down with a cold, wet towel every day for her circulation.

As he wrote she stared attentively ahead, again sitting ramrod straight on the edge of the padded chair. When he finished the prescription, Ernesto handed it to her, along with one of his diet sheets, telling her that she needed to change her eating in order to help improve her health. She looked at the list incredulously, noting the restrictions, and asked him what she *could* eat, commenting that she did not know how she would be able to eat without having meat. He suggested she try vegetable soup, rice, beans and tortillas, *nopales*, fruit instead of cakes and *licuado con frutas* (blended fruit drink) instead of soda. She still seemed unsure about this advice, and noticing her reticence, Ernesto continued by telling her: “Even though there is not a lot of scientific research in natural medicine and the energies that flow through our bodies and the world, I personally saw a big difference in my life after switching over to using natural medicine and a natural, vegetarian diet”.

Most of the time Ernesto did not explain to his patients how his own health had been improved by using *naturismo*. When I was in the clinic, he would often only make statements about the need for the patient to change their diet and stop using allopathic medications. These were usually said in conjunction with their diagnosis, regardless of their malady, along with an encouraging “¡Vamos a limpiar tu cuerpo!” (We are going to clean your body!), which was the starting point into the full prescription.

²³ A tablet made and sold in Ernesto’s clinic, one of his own line of natural remedies. It is a natural tablet made from five different plants.

I witnessed this sort of behaviour in other clinics as well. Within a normal consultation a *naturista* will often state key concepts multiple times and with different wording. These fall into two major categories: the clean or dirty state of the body, and the balanced/unbalanced state of the body. Phrases regarding cleanliness or dirtiness include: “We are going to clean you out”; “your body is dirty because you have been eating meat”; “your body is dirty because of the antibiotics you took”; “antibiotics make your body toxic, we need to detoxify you” and “this will clean out your body”. Phrases regarding balance/imbalance include: “you are out of balance because of the things you have been eating”; “you are out of equilibrium that is why you are sick”; “this will help to bring you back into balance” and “allopathic medicines throw the body out of equilibrium”. It seems that by calling attention to these key desired states of being: clean and balanced, the *naturistas* are both re-defining what it means to be healthy, and turning their patient’s gazes inwards towards the internal equilibrium that stands as a metaphor for having a strong immune system, or ‘being healthy’. Meanwhile, this type of phraseology appears to remind their patients that there are certain external forces that act upon their bodies that are responsible for destroying or rebuilding a state of equilibrium (or health).

By directly correlating specific key concepts with their patients’ illnesses during the first consultation, such as changing their diets to help clean out the body, the necessity of a clean body to begin healing, and ending the use of allopathic treatments in order to detoxify their bodies, *naturistas* begin to set the stage for a shift in perspective in how their patients should think about their own health, and how they should go about regaining internal cleanliness and bodily equilibrium. These tactics first transfer the origin of illness from outside forces, such as luck or chance, to the forces of bad foods, doctors and medications, against which a new patient has been powerless (Helman, 2007:135). These outside origins of illness, once recognised, are fought together with the *naturista*, evidenced in the careful ways in which they talk to their patients, using the pronoun ‘we’ to discuss how the treatment will move forward and what they hope to achieve (“we are going to clean your body”). However, an internal illness origin is also seen in the use of ‘you’ to

give the patients a sense of responsibility for their own state of health: “You have been using antibiotics? You need to stop using allopathic medications”. In this fashion, a *naturista* develops a relationship encompassing both shared responsibility and personal accountability with their patients through which they will begin the healing process. Meanwhile, they alter their patients’ perceptions of allopathic medicine, what a good or bad remedy is, and by extension, how a good or bad healer should act.

By so doing, we can see that both a “logic of choice” and a “logic of care” are being enacted in *naturismo* in Mexico City (Mol, 2008). A logic of choice can be seen to transfer the responsibility for anything that goes wrong in the healing attempt to the patient who has chosen to (1) utilise other forms of healing prior to or in combination with natural medicine; and (2) make decisions in their everyday life while undergoing *naturismo* treatment that can affect the outcome of said treatment. However, this is juxtaposed by a logic of care that is demonstrated in their willingness to share responsibility for cleansing and healing the patients’ body if the patient is willing. Likewise, the unspoken understanding that social relations will invariably affect healing outcomes, and that all patients will have unique needs that might require multiple different methods of natural healing in order to bring about effective change. As Mol found (2008), and as will be shown in chapter five, some social relations can be altered in order to develop healthier habits, but others cannot. However, these concepts do not go far enough to demonstrate the inherent imbalance between healer and patient which is, although less severe than between allopathic doctors and patients in Mexico, still an existent method by which *naturistas* legitimise themselves and *naturismo* in the eyes of their patients.

These concepts and actions, some of which are familiar to those of us outside *naturismo*, are not normalised ways of conceptualising or discussing health in Mexico. As I will discuss, it is these very different perceptions of what it means to be healthy and how to regain health that set natural medicine apart from other forms of healing in Mexico City. I would also suggest that by framing their desired dietary and lifestyle changes to their patients through the concepts of bodily cleanliness and

equilibrium, *naturistas* are also attempting to change their patient's conceptions about health from that espoused by the dominant discourse in Mexico. They utilise these alternative forms of thinking in the hope that this will lead to lifelong changes in their patients' dietary and healthcare behaviours; and possibly alter their own position as healers within the wider healthcare landscape in Mexico by balancing the scales of power and influence that exist between themselves, allopathic doctors, and the state.



Explaining the importance of a clean body for health

Why Practice Natural Medicine?

But why is it so important for *naturistas* to change the way their patients view health and healing? In order to understand why they are so adamant about changing their patients' perceptions about health, diet and lifestyle, it is helpful to examine the reasons why they chose to practice *naturismo*. There are numerous reasons why *naturistas* might choose this line of work. Based on my research, the most common

themes are extreme personal life situations, such as Ernesto's personal battle with cancer; the belief that *naturismo* offers patients something lacking in other forms of healing; and the desire to heal without harming the patients.

When I interviewed one of the few women *naturistas* I met, she told me, "I began to practice naturopathic medicine because I was sick...and after using natural medicine and alternative medicine, and healing myself, I decided to train in naturopathy. My problem was uric acid. It builds up and crystallises in the body, causing all types of problems. I couldn't walk...When I was sick I turned vegetarian and it helped my whole body. I used fruit, vegetables, and juice therapy to heal myself, and acupuncture to help me walk again". Now, she practices *naturismo* and acupuncture. She is accredited by two different institutions, and works in one of the best-known clinics in the city. She believes in the sole use of healthy, vegetarian foods to fix problems in the body, and focuses on cleansing out the bodies and intestines of her patients, specifically the liver, with healthy food and colonics. She offers another example of a *naturista* who experienced an extreme personal life situation that led to the adoption of *naturismo* as a lifestyle and a profession. I found that other *naturistas* like her and Ernesto are often the most rigid in terms of their requirements for their patients. Their dietary demands are much stricter, and the use of allopathic medicines is strictly prohibited.

Those without these past extreme life situations tend to be less rigid and more open to dabbling into other forms of healing. For example, Tania realised that she wanted to practice natural medicine after a few years of practicing allopathic medicine. At one point, she started to see that her patients were not getting everything they needed from allopathic medicine. She began to study aromatherapy, and saw that the patient outcomes were much better with the use of aromatherapy oils. Now, she prescribes aromatherapy oils and a healthy diet to her patients in the first instance, and allopathic medication as a last resort.

A third group of *naturistas* choose to practice *naturismo* because they like the idea of “helping people without harming them”. Within this group, there is a strong sense that patients respond better to natural remedies and the use of natural foods as remedies because these natural foods are both better quality and cheaper than allopathic medications. Likewise, many *naturistas* choose to practice natural medicine because they see it as more holistic, and therefore more capable of curing the whole body and not just one specific problem.

All of the *naturistas* I worked with are extremely passionate about the work they do. Many have personal reasons for learning and practicing natural medicine, but these vary in range and type. This speaks to what Baumeister and Vohs (2002) called the “needs for being” in order to have a meaningful life, something that most people are thought to seek by the authors. These “needs for being”, – including the need to have a purpose, the need for values, and a need to be effective in one’s work – can become the impetus to change one’s life (Baumeister & Vohs, 2002:611). Correspondingly, personal crises that provoke a change in one’s life or career have been written about in terms of a crisis as catalysts for life transformations, and as a method for discovering personal meaning (Fotiou, 2012; Garrity, 2000). Regardless of the purpose behind their transformation into *médicos naturistas*, they are all united by a desire to guide their patients towards a healthier, more natural way of life, both to regain health and to prevent future illness. This is almost exclusively coupled with a desire to see their patients stop the use of all allopathic medical drugs and procedures. Based on the above personal narratives and other similar stories, it becomes clear that whether due to a personal failing of allopathic treatment or a perceived failure within a patient they practiced allopathic medicine on, almost every *naturista* has a somewhat zealous adherence to *naturismo*. All have made the decision to personally use and practice it in order to find health solutions for themselves and others, solutions they perceived to be lacking within the allopathic health system.

Conceptualising a Clean or Dirty Body

In February a woman came into the clinic to see Ernesto. She settled into the patient chair across from Ernesto's seat, holding an A3-sized envelope on her lap. He started as usual, asking her, “¿*Qué paso?*” (What's up?) She opened the envelope as she spoke, removing some blood test results that had been taken and processed at Laboratorio Chopo, a chain of laboratories around the city. She handed him the test results while she told him that she had high triglycerides, and was also hypertensive. Looking at the results, he nodded his agreement, and passed them over to me to peruse. The woman glanced over at me, this blonde stranger reading her tests and asked Ernesto: “Is this your assistant?” “No, she is studying natural medicine” he replied, effectively ending her interest in me. He picked up his prescription pad and pen and began to write out the various herbs, teas, and daily *licuado* he wanted her to take. “Every day drink a *licuado de platano amargo, leche, avena y amaranto*²⁴”. She nodded in consternation, pursing her lips. She sat in thought for a moment, seemed to remember another ailment she had, and pointed out some red spots on her face. Ernesto looked closely at these with his magnifying glass, then told her that the spots were caused by bad circulation. She again nodded, seeming to understand and accept his diagnosis. He went on to write out the rest of her prescription, taking time to explain exactly what every remedy he prescribed was for and how it worked within her body. He capped off the consultation by telling her, “The cause of all of your ailments is down to an imbalance within your body, brought on by having a dirty body. With these (here he gestured to the prescription paper) we are going to clean out your arteries!”

As this shows, the idea of ‘cleaning out the body’ in order to regain health/equilibrium is a desirable outcome within *naturismo*. The manner in which a body can be ‘cleaned out’, and the ways in which a body becomes ‘dirty’ are a central focus in many consultations. Cleansing the body of illness is not in and of itself a novel concept. It has specifically been discussed previously in terms of

²⁴ Liquid of bitter banana, milk, oats and amaranth.

curanderismo and spiritualism (*espiritismo*) within Mexico (Finkler, 1980, Huber & Sandstrom, 2001; Ingham, 1970; Johnston, 2008; Madsen, 1955; Torres & Sawyer, 2005; Zacharias, 2006). The key difference between these systems and *naturismo* is that within both *curanderismo* and spiritualism, it is a figurative cleansing of the external body in order to cleanse the intangible spirit that is undertaken. Both *curanderos* and *espiritistas* can be defined as sacred healers as opposed to *naturistas*, who are a type of secular healers, in that they often focus on treating illness through spiritual means (Huber & Sandstrom, 2001:118). This is also referred to as ‘cleansing of the spirit’ in order to facilitate healing of the body. This is seen as the necessary first step to recuperation – the gateway, as it were, to allowing healing to commence by removing the spiritual blocks surrounding the person’s body (Finkler, 1980; Lopez, 2005; Johnston, 2008; Mulcahy, 2010; Torres & Sawyer, 2005).

In *naturismo*, cleanliness takes on a very different form and function. When a *naturista* tells their patient, “We are going to clean you out...you are sick because your body is dirty” they are literally referring to the dirtiness of the patient’s internal body – their organs or body systems are seen to be sullied. But how does one know whether they are internally dirty or clean? This can be deduced through the aforementioned diagnostic tool of Iridology, by taking the patient’s personal diet and lifestyle history, and through the symptoms the patient has developed. According to the *naturistas*, the state of internal cleanliness is the direct result of the types of foods and drinks a person consumes, as well as the types of drugs or medications they use. Lifestyle also plays a role here, although food and medication are believed to be the two most significant factors affecting bodily cleanliness.

To understand this concept further, I would like to look deeper into what it means to have a clean body, and how this relates back to the concept of bodily equilibrium. The words used by *naturistas* with their patients and in interviews are ‘*limpiar*’, ‘*limpio*’, and ‘*sucio*’, which literally translate as ‘to clean’, ‘clean’, and ‘dirty’. The use of ‘*limpiar*’ as an action within the body is interesting for many reasons, not least of all is the link this creates between *naturismo*, *curanderismo* and humoral medicine more widely, which will be discussed further on. In consultations, cleaning can be

used in numerous metaphorical ways in order to help patients grasp this concept. For example, a *naturista* might tell a constipated person: “If you do not take out the trash, it just gets more putrid. You need to clean out your intestines in the same way to be healthy”. In this, and many other cases, the internal cleanliness of the body was seen to be the first step to begin the healing process.

In the above examples, the *naturistas* are speaking about a cleansing of the body and the organs like one might wash their clothes or clean the floor. The visualisation of internal organs as dirty, especially when this is something one cannot see, is something that appears to resonate with patients; and many of them appear to accept the action of cleaning the body as a logical possibility. The acceptance of this idea might be due to a little researched Spanish-influenced folk belief or to the influence of Catholicism. In the mid-twentieth century, Foster (1952, 1994) noted that the need to maintain a clean stomach was a Spanish doctrine that could be seen in the Peruvian belief that by maintaining a clean stomach one could maintain health, or that a dirty stomach was the cause of illness. A possibly related idea discussed by Young (1981) was that microbes were equated with dirtiness, which could lead to stomach-related illnesses in the Central Mexican Highlands. In Mexican folk beliefs about illness, Madsen (1955) has noted that for the Nahuatl²⁵, colic was referred to as “...*sucio del estomago* [dirtiness of the stomach] because it was caused by the formation of faeces in the stomach. Purgative remedies were seen to force the ‘filth’ out of the stomach into the intestines where it belongs” (Madsen, 1955: 133). Likewise, there is a strong Catholic tradition of framing the sacred and profane realms as pure and polluted, respectively (Mayblin, 2010:180). One can become polluted due to actions or choices made throughout your life, only being absolved, or purified of these sins, through the ritualised cleaning of sins within the Church. As a predominately Catholic country, it is easy to infer that ideas of purity or pollution would be transposed outside the religious and into daily life, being reflected in the state of the body.

²⁵ Modern name for the indigenous peoples of Central Mexico who speak Nahuatl; a modern name for the Aztec people (Sandstrom & Sandstrom, 2011).

In my own research, I perceived that both patients and *naturistas* would focus on the state of their stomachs and intestines as the main source of discomfort or as the first place that needed to be ‘cleaned out’ and healed. I often heard phrases such as “*Los intestinos sucios causan las problemas*” (dirty intestines cause problems). If this is a widespread concept in Mexico, this would help to explain why *naturistas* utilise this specific terminology about the need to ‘clean the body’ or ‘remove the toxins from the body’, or even state that a person has ‘a very dirty body’ when they are offering their diagnoses and treatment plans. Dirtiness, while not assumed to be the direct cause of diseases such as a cold, diabetes, or cancer, is thought to act as a catalyst towards the development of serious illnesses, by lowering the immune system to allow viruses or bacteria to enter the body. When I asked a *naturista* about this, I was told that processed and fatty foods are literally thought to stick inside the organs, which is what causes them to be dirty and in need of cleansing²⁶. Due to the fact that food travels through the stomach, intestines and colon this might explain why these organs are the most commonly focused upon as a starting point for cleansing the body.

By altering this concept to include the entire body, which is also referred to as being ‘out of balance’ or ‘out of equilibrium’ when it is ‘dirty’ and ill, the *naturista* might have a better chance of connecting with their patients to ensure compliance. As Luis Felipe told me, the concept of bodily dirtiness, although seen as a literal problem, can also be used as a euphemism for telling a patient that they must change their habits and lifestyle, which he claims is a more acceptable method for insuring that patients follow his prescriptions, alluding to the idea that this might be a common understanding. This may be similar to a ‘cultural myth’, in which the association of a concept that has been culturally significant in the past is used in a different context, creating and maintaining sentiments that people accept because they correlate with the pre-existing socially significant ideas (Chapman, 1979; Miles, 1998).

²⁶ This is reminiscent of the folk illness ‘*empacho*’ in which food is believed to be stuck inside the stomach and intestines causing pain. However, it is not named or discussed as such in *naturismo* clinics.

Whether used literally or figuratively, the promise of internal cleanliness also appears to bolster patients' confidence in *naturismo* and their willingness to use it. This also offers a benchmark that can be measured for improvement or degradation depending on how well the patient follows their prescription over time. When a good patient returned to the clinic after their initial consultation, Ernesto would tell them "Your body is much cleaner now!" as a way of acknowledging they had followed his recommendations and that their illness had abated, or would soon improve.

Dirty drugs: antibiotics make our bodies toxic

Although food is seen as the main precursor to bodily cleanliness or dirtiness, allopathic medications are also felt to contribute to the dirtying of one's body. *Naturistas* will tell their patients that *naturismo* cleans and detoxifies the body while allopathic medicine pollutes and intoxicates the body, causing the body to retain these toxins.

One spring day, a young couple brought their daughter into the clinic to see Ernesto. She was about eight years old, but dressed carefully in a fashionable, brightly coloured dress, with a bow fashioned out of her own long, straight hair sitting primly on the back of her head. She stood quietly in front of Ernesto as he took down all of her stats and her mother, sitting next to me, spoke to him about her daughter's ailment. The patient had been to an allopathic doctor complaining of a cold, and her doctor had put her on a course of antibiotics. Her parents were concerned that after a month, she was still suffering from side effects like congestion, inflammation, and lethargy. Ernesto wrote a few notes, then looked up over the top of his glasses and told them: "When we take an antibiotic, we just get sicker and sicker. Antibiotics make our bodies toxic. We need to clean it all out of her body so that she can heal...If the body is clean it is easier to be healthy". He prescribed some herbal remedies, as well as a vegetarian diet free from sugar, white flour, and processed foods; and told them to come back in a month if she still had these complaints. Her parents, after sharing a glance when they heard his prescription of such a restricted diet, thanked him and stood up to leave. As they neared the door he called out to

them, again stressing the importance of allowing the body to heal itself instead of using allopathic drugs, while boosting the immune system with healthy, natural, vegetarian foods and remedies in order to clean out the body.



Ernesto speaking with his young patient

Another day the patient was a pregnant woman. She sat down heavily in the patient chair, cradling her stomach as she spoke to Ernesto. Her husband and young son sat next to me, the husband trying to contain the squirming child as Ernesto undertook the consultation. The woman complained that she had suffered from stomach issues for a long time. In the previous year, she had a lot of gastric and colonic pain. Her allopathic doctor had had her ingest a coloured dye in order to see what was going on in her intestines, and prescribed her some medications. She had been pregnant at the time, then, after undergoing this process she miscarried. Now she was pregnant again and having pains again. She also told us that the dye was still coming out of her body, turning the bottoms of her feet orange and staining her socks. Ernesto, looking quite disgusted, told her that he would give her something to clean the rest of the dye

out of her system as soon as possible, alluding to the danger these toxic chemicals could pose to her foetus.

As these vignettes show, allopathic medications are thought to be toxic and dirtying. This correlates with Sodhi's (1999) description of how ingested items can become toxic in the body in Ayurveda, and expands the definition of substances that turn into toxins in the body to include allopathic drugs. This offers a methodological framework for healing with *naturismo* in which the interchangeable use of the terms 'cleaning' and 'detoxifying' are used to define the remedial steps that will be taken in order to rid the body of the effects of illness, a bad diet, and allopathic medicines. Taking this one step further, the concepts of clean/dirty and toxic/detoxifying also seem to be used to highlight the disjuncture that is believed to exist between natural medicine and allopathic medicine. This binary classification system begins to uncover the tensions that exist between the two systems from the perspective of the *naturistas*, and allows further evidence of the ways in which they compare *naturismo* to allopathic medicine in order to frame *naturismo* as the best choice for their patients.

Humoral qualities outside of Mexico

This focus on cleanliness and the need to clean toxic elements out the body can also be seen to correlate with humoralism, or the Hippocratic concept of balancing the humours to ensure health (Foster, 1987, 1988). In Ayurveda, another form of alternative medicine that has a base in humoralism, one core theory suggests that improper digestion, stress, and pollutants – such as chemicals in the air, water, and the foods we eat – continuously create toxins in the body. These toxins need to be cleansed out of the body in order to regain equilibrium and health. If they are not cleansed (or flushed) from the body, then they build up and can eventually present as illness (Ecks, 2013; Sodhi, 1999; Williams, 2005). Another form of humoral medicine, Traditional Chinese Medicine, likewise focuses on the need for internal harmony to maintain health, although their practices surrounding cleansing the body refer to the removal of spirits or ghosts from the patient instead of chemicals or

toxins (Kleinman & Sung, 1979; Patwardhan et al., 2005). While it does not appear that cleanliness was an important aspect within humoral medicine in Spain, the concept of equilibrium was important; and, in general it is agreed that the Spanish were the first to introduce humoral medicine to Mexico (DeWalt, 1977; Finkler, 2000; Foster, 1987; Maduro, 1983).

Foster (1987) found evidence that the hot/cold and wet/dry humoral dichotomies were understood and practiced by the Catholic clergy and Spanish-educated physicians in Latin America, and according to Guerra (1969), it was the clergy "...who for three centuries played the major role in transmitting humoral concepts to Indian and Mestizo populations" (Guerra, 1969:180-181). Over time this was simplified to the basic concept of equilibrium through the balancing of hot/cold qualities in foods, remedies, illnesses and physical activity (Foster, 1987). These differing forms of alternative medicine from outside Latin America, which all have a base in Hippocratic ideals, highlight the underlying humoral aspects of *naturismo* in Mexico, and may help explain how the concept of cleanliness as a necessity for health came to be propitiated by *médicos naturistas* through the influence of other forms of humoral medicine.

If we follow the assumption that the Spanish conquistadors brought humoral medicine to Mexico, then the concepts of internal balance and cleanliness might have been integrated into syncretised 'traditional' medicines based in herbal medicine such as *curanderismo*. Foster (1987), Helman (2007) and many others over the last half century have claimed that the hot/cold theory is the only aspect of classical humoralism that has been maintained in the twentieth and twenty-first centuries within Latin American folk/traditional medical systems. Although much debated, hypotheses have also surfaced in the past that there was a balancing element within indigenous herbal healing in Mexico prior to the Spanish conquest (Adams & Rubel, 1967; Bussmann & Sharon, 2006; Foster, 1987; Ingham, 1970; Lopez, 2005; Poss & Jezewski, 2002; Waldstein, 2006). This may have facilitated the acceptance of humoral medicine upon arrival of the Spanish. If *naturismo* in Mexico has developed out of a combination of pre-existing indigenous plant-based healing techniques and

more formalised techniques and ideas from various European and American sources, both of which have been shown to touch on the concept of balance through figurative cleanliness, then it is no surprise that this concept has remained in the medical epistemology of the *naturistas*.

Finding Equilibrium

But how does body cleanliness link specifically to a state of equilibrium? Balance, or equilibrium, is another key concept used when discussing humoralism (Currier, 1966; Ecks, 2013; Foster, 1987; Helman, 2007). This has been widely researched in Mexican *curanderismo*, and it has often been assumed that this concept has maintained a foothold in both Mexican ‘traditional’ medicine and Mexican explanatory models into the twenty-first century (Huber & Sandstrom, 2001; Kemp & Rasbridge, 2004; Rubel & Moore, 2001). The confidence that when a person is ill, it is because their body is out of equilibrium is a common theme in natural medicine, just as in ‘traditional’ medicine. In Mexican *curanderismo* research has shown that health-related equilibrium is believed to extend from the body to include the spirit (Foster, 1987, 1988; Madsen, 1955; Torres & Sawyer, 2005; Trotter & Chavira, 1997). The balance of hot and cold humours is thought to maintain bodily equilibrium, and generally no distinction is made between physical and emotional causes of illness (Foster, 1988; Maduro, 1983; Menegoni, 1996; Mulcahy, 2010; Tafur et al., 2009; Young, 1981). This is expanded by Huber and Sandstrom (2001), who note: “Illnesses may be caused by imbalances in somatic harmony brought on by disturbed emotional states (i.e., fear, anger, envy, intense desires), excessive amounts of certain foods, overwork, and sudden shifts in body temperature” (Huber & Sandstrom, 2001:109).

In studying spiritualism, Finkler (1980:301-302) touched upon the importance of cleanliness for equilibrium when she hypothesised that symbolic cleansing can both explain and establish the “interrelationship between illness, healing and

sociostructural phenomena” by assisting in the termination of the illness and the sick role in order to mend what interpersonal relationships may have been affected by illness. Overall, the major differing factor between *curanderos* and their hot/cold equilibrium, *espiritistas* and their relational equilibrium and *naturistas* is that *naturistas* view equilibrium as an extension of the literal cleanliness of the body.

Because *curanderismo* medicine uses hot and cold conceptions of food and herbs as equalising forces against illness, and because *naturismo* is similar to ‘traditional’ medicine in the type of physical remedies it utilises, I always asked *naturistas* if they thought hot/cold balances were a part of *naturismo*, and whether they saw themselves as practicing humoral medicine. This was an especially interesting topic in my fieldwork since many of them would continually discuss how they were followers of Hippocrates, the father of humoral medicine, yet also claim to be scientific, and less ‘empiric’ than *curanderos*.

One day I asked Ernesto about this when we were discussing how *naturismo* is different from ‘traditional’ medicine. He looked at me sternly, saying:

Look, Hippocrates and Paracelsus²⁷ began natural medicine. Hippocrates said that the whole world is separated into hot/cold, masculine/feminine, wet/dry. So in the world, time is masculine, and space is feminine. The four elements are also divided. *Aire y sol son calientes, y agua y tierra son frios. Aire es húmido, sol es seco, agua es húmido, tierra es seco*²⁸. They balance each other out. But I do not practice this in the clinic. It is very old fashioned and not many people follow it today. But you can see, when you eat certain things they affect you in a hot or cold way.

At this point I played devil’s advocate, asking how this was, since whenever you eat anything, your body warms up as it digests the food. So doesn’t that make all food warm? He shook his head at me and smiled, shaking his head ‘no’. “Some foods do not warm the body. Some do. Cinnamon, for example, is warming, and watermelon

²⁷ Paracelsus, or Philippus Aureolus Theophrastus Bombastus Von Hohenheim (1493-1541) was a German-Swiss physician and alchemist who established the role of chemistry in medicine and stressed the healing power of nature (Hargrave, 2014).

²⁸ Air and sun are hot, and water and earth are cold. Air is humid, sun is dry, water is humid, earth is dry.

is cooling”. Although this should be defined as humoral medicine following the aforementioned definition, by not linking humoral qualities to foods, remedies or illnesses in his consultations, Ernesto appears to not be practicing humoralism in the traditional sense.

Ernesto’s frame of mind seemed to be mirrored in other *naturistas* as well. Overall, the hot/cold dichotomy is not felt to be an important factor, or even existent at all, in *naturismo*. Although understood and at least superficially acknowledged, this idea that certain foods or remedies might be hot or cold and thus ingested to ensure equilibrium is not thought to be widely accepted, and more often seen in rural areas than in the cities. Of those that practice *naturismo*, two-thirds do not accept as true – or at least do not practice the use of – hot/cold medicine in their practice.

Interestingly, all but one of those *naturistas* who do adhere to the hot/cold concept are also trained in and/or practicing homeopathy²⁹. Regardless, every *naturista* I met was either intimately aware of what constituted hot/cold medicines, or knew enough about the theory to recognise and discuss it. For some, it is the patients that come in complaining of illnesses that they describe as either ‘hot’ or ‘cold’ that necessitate this knowledge. The *naturista* with this knowledge can use it to counteract the patients’ hot/cold illnesses with the ‘correct’ natural remedies based on what humoral quality the patient thinks they need, while forging a stronger connection with their patients. This could be compared to what Taussig (1980) described as the alliance of healer and patient, “...in which one party avails itself to the other’s private understandings in order to manipulate them” into following the healer’s preferred method of treatment (Taussig 1980:12). Although this might seem devious, by accepting the patient’s explanations of their own illnesses, *naturistas* show themselves to be far more open to and receptive of explanatory models outwith their own than most allopathic doctors.

²⁹ One of the main tenets of homeopathy is the use of hot and cold remedies to treat hot and cold diseases, although in this case it is the use of ‘like for like’, in that a hot remedy would be used for a hot illness, and a cold remedy for a cold illness (Tan, 2008).

However, equilibrium is seen to be a necessary element in the achievement and maintenance of health by the *naturista* population. A body in balance is believed by many to be a clean body, and hot/cold medicine does not appear to be taken into consideration when prescribing natural medicine. Instead, *naturistas* call for complete cessation of the use of allopathic drugs in order to regain equilibrium, as well as a change to an all-natural, vegetarian diet. Secondary actions such as exercise, deep breathing, and rubbing their limbs with wet towels to increase circulation may also be prescribed to help release toxins from the body. These actions are thought to work alongside the body's natural functions that act as equalising mechanisms, or as physical responses to a dirty/unbalanced internal state. For example, diarrhoea and fever are viewed as natural mechanisms by which the body expels toxic pollutants, aiding the return to a state of equilibrium once the dirtying pollutants have passed out of the body. These all facilitate the cleaning of the internal body from external influences, allowing a patient to begin to heal. Because it is so hard to avoid toxins in everyday life, equilibrium, while thought to be the ideal bodily state, is seen as very hard to maintain and something one must strive for; this is one of the reasons why *naturismo* is considered to be a lifestyle as well as a form of healing.

The *naturistas'* definition of equilibrium differs greatly from those discussed in traditional medicine in Mexico. While most *naturistas* discuss gaining equilibrium as an outcome of eating the right clean, healthy foods (e.g. vegetarianism), and not through the balance of the humours or of the hot/cold properties of any given food, herbal remedy, or illness; the similarities between humoral medicine and the balance/imbalance clean/dirty dichotomies speaks to a root understanding and acceptance of humoral medicine, even if it is in a less obvious manner than the hot/cold theory in 'traditional' Mexican medicine. Nevertheless, with such a basic epistemological distinction, it is clear that there are large dissimilarities between these two systems, and that *naturismo* in Mexico may have been influenced by another form of natural healing.

Naturopathic influence

Today, Mexican *naturismo* appears to correlate closely to the ideals of naturopathic medicine³⁰ as practiced in the USA. According to Pizzorno and Murray (1999), in naturopathy:

...there is a wide variety of therapeutic styles and modalities found...For example, there are still practitioners who adhere to the strict 'nature cure' tradition and focus only on diet, 'detoxification', lifestyle modification, and hydrotherapy... With the profession's history of eclecticism, no two practitioners will treat any individual patient exactly alike... [This] makes it difficult to perceive the profession's philosophic cohesiveness. Another major disadvantage of this eclecticism is the difficulty in developing consistent practice standards... Natural medicines and therapies are therefore preferred, since...they are the least harmful, least invasive, and best able to work in harmony with the natural healing process. Since the total organism is involved in the healing attempt, the most effective approach to diagnosis and treatment is to consider the whole person. In addition to physical and laboratory findings, important consideration is given to the patient's attitude, psychological and spiritual state, social circumstances, lifestyle, diet, heredity, and environment (1999:41)

With this definition, *naturismo* in Mexico appears to fall into what would be considered "the strict 'nature cure' tradition". Moreover, the principle of balance, or equilibrium, is also key to the practice of naturopathy. In the *Textbook of Natural Medicine* it states: "...most disease is the direct result of the ignorance and violation of what would be traditionally called "natural living laws". These general lifestyle (including diet) rules are *based on the concept that there is an environment (both internal and external) that optimizes the health of an organism*". In their estimation,

³⁰ Naturopathy as an organised concept developed from Hippocrates's belief in using the laws of nature to cure and in the importance of viewing the whole person in regards to finding a cause of disease. Naturopathy has its roots in the nineteenth century Nature Cure movement of Europe. In 1902, a German man named Benedict Lust brought his nature healing system to the USA, and used the name naturopathy to refer to his method of treatment that included an eclectic mix of doctrines such as water, hygiene, and herbalism. Naturopathic principles are similar to *naturismo* in many ways. They share the following: faith in the healing power of nature; identifying and treating the cause of illness; doing no harm; treating the whole person; the naturopath (*naturista*) as teacher (empowering the patient to take responsibility for their own health); and prevention as preferable to needing a cure. However, naturopathic education and practice are both regulated in Western countries. A focus on body cleanliness is seen in the naturopathic focus on detoxification, however, vegetarianism is not a mandatory aspect of naturopathic healing, nor as a detoxifying treatment (Brown, 1988; Langley, 2015; Pizzorno & Murray, 1999).

natural living laws require a diet of natural, unrefined foods, exercise, rest, a moderate lifestyle, avoiding pollutants, and regular elimination in order to maintain balance (Pizzorno & Murray, 1999:47, emphasis added).

In addition to these examples, small links can be forged between different natural healers and various other forms of naturopathy and natural medicine around the world. This is most likely due to the individualised manner of education for *naturistas*, and speaks more about the lack of unity amongst them than offering any clear historical links (Jiménez Diaz, 2007; Michán, 1991; Saz Peiro, 2000; Saz Peiro & Ortiz Lucas, 2007; Scolnik, 1988). Knowing this, it seems clear that *naturismo* very likely developed out of a blending of various healing concepts, but has gravitated towards a strict interpretation in Mexico City in an effort to differentiate itself from other forms of healing.

Uniquely, it is the focus on the dichotomy between clean/dirty as the key element affecting equilibrium, and the ways in which these views are expounded to patients that set *naturismo* apart from other forms of healing in Mexico. Therefore it appears that *naturismo*, through the work of *naturistas*, while attempting to alter the beliefs that patients have in regards to health, is also maintaining a link with humoral medicine through the importance placed upon bodily cleanliness and equilibrium. But when questioned further, it becomes clear that when *naturistas* tell their patients that they need to be in a state of equilibrium in order to be healthy, what they are doing is using another metaphor. Instead of equilibrium being an invisible and intangible internal balance, discussing a state of equilibrium is actually another method for discussing a person's immune system. A clean body will help keep the immune system strong, or re-strengthen it, while a dirty body will degrade the strength of the immune system. Correspondingly, an imbalanced body will be one in which the immune system is compromised or weak, while a body in equilibrium is seen to have an immune system that is strong and prepared to fight microbes or other illness-causing agents. This offers another link between *naturismo* and allopathic medicine with the concern for the immune system as a defense against illness, but

still maintains a level of distinction by speaking about the immune system through the metaphor of a clean body.

Clean instead of cold

Understanding the above, I would like to hypothesise that instead of simply appropriating the concept of bodily cleanliness from folk sources, or maintaining this concept from ‘traditional’/historical sources, *naturistas* have instead taken the concept of cleanliness and used this to replace the hot/cold theory in Mexican natural and plant-based medicine. This could be due to continuing faith in dualistic qualities that must be balanced in order to be healthy, or to the widely recognised polluted and ‘dirtying’ environment in Mexico City itself which in some cases has been named as a factor in illness causation (Baer et al., 1989; Connolly, 2003; Daniulaityte, 2004; Finkler, 2000; Izazola et al., 1998). As noted in the *Gaia Philosophy Advice Book*: “In a state of relaxation and health, the body is perfectly designed to be self-cleansing, self-regulating and self-healing. But the toxic overload in the air we breathe, the water we drink, our food, our work places, and our homes undermines our health and immunity...” (Smith, 2007: 337). Therefore, a focus on achieving internal cleanliness can be seen to counteract the dirtying effects of the city itself.

Likewise, by focusing on the cleansing abilities of their own treatment plans and highlighting the dirtying effects of allopathic medicine, *naturistas* are enacting Douglas’s (1966) theory about pollution in which “some pollutions are used as analogies for expressing a general view of the social order” (Douglas, 1966:13-14). And, as she noted, these ideas can be used instrumentally in order to influence the behaviour of others within a society (Douglas, 1966). When viewed in this manner, *naturistas* seem to be making a statement about both the pollution-free state of *naturismo* in an effort to endear their methods to their patients, and the possibility of a more equal Mexican society. In contrast, the dirtying effects of allopathic medicines reflect on the polluted nature of the allopathic system in general and the unequal Mexican society (see ch. 6).

Therefore, if a concern for the literal and figurative dirtying effects of the city is a real concern for the population of Mexico City, then it would appear that a concept of clean/dirty, not hot/cold, might better resonate with the *naturistas*' patients. If in fact there is acceptance that one can be internally dirty due to outside forces, and an understanding that the body can be either balanced or unbalanced based on dualistic qualities, then this would help to explain why their patients accept the idea of cleanliness as a way to achieve equilibrium in the clinic.

Subversion of Allopathic ideals

In order to understand why *naturistas* use the clean/dirty concept in an attempt to alter their patients' perceptions of health and healthcare; it is helpful to first understand the historical methods by which alternative forms of healthcare have been vilified historically in Mexico: firstly, by Spanish Conquistadors, and subsequently, by the Mexican Government. With the proliferation of Spanish doctors following the conquest in the sixteenth century, indigenous healers and indigenous medicine were cast into disrepute through denials of efficacy and accusations of a lack of 'real' knowledge and empirical methods of treatment. In the following centuries *curanderos* were either ignored or allowed to practice as long as they only cured the indigenous population (not the Spanish themselves). In the mid-nineteenth century, with the development of scientific medicine, the practice of any medicine by a person without a professional degree was outlawed, and as there was no formal medical education for any medicine, beyond what is now referred to as allopathic medicine, all non-allopathic healers were legally unable to practice healing (Huber & Sandstrom, 2001; Zacharias, 2006).

Following the Mexican Revolution in 1910, the new government took efforts to abolish inequality and unify the country. One way in which this process was undertaken was with the help of anthropologists such as Manuel Gamio, who began to investigate the connection between development and nutrition and how ideas of

Indigism, or the “nonviolent assimilation of indigenous peoples into a society that ...would offer them a better standard of living through education [and] health care...”, could be utilised to integrate indigenous people into the wider political and social systems in Mexico (Duarte-Gómez et al., 2007:72-73; Gamio & Fernandez, 1960). Indigenist policy was put into action by the National Indigenist Institute (INI), which set up health centres in rural areas with the purpose of introducing scientific medicine to the indigenous peoples, as well as changing attitudes and beliefs that indigenous people might have that would prevent them from accepting the benefits of scientific medicine (Campos-Navarro, 2003:). In the late nineteenth century, after the development of critical medical anthropology that opposed the forceful assimilation of hegemonic medical ideas, multiculturalism and “intercultural medicine based on knowledge of native cultures” were seen in the development of what is now called IMSS-Prospera³¹. However, this program was heavily criticised for “having a weak sociocultural orientation”, and in the twenty-first century any form of interculturality in Mexican health care is still viewed as undeveloped (Duarte-Gomez et al., 2007:73, 74-75).

Following these attempts at assimilation and multiculturalism, non-allopathic medicines have settled into a state of invisibility in the eyes of the government at present. As previously mentioned, there has been little interest or effort put into either recognising, organising, or regulating non-allopathic or non-homeopathic medicines. This apathy has led to vilification through the work of the media and through a general misunderstanding of CAM in general. Given this context, it is reasonable that *naturistas* would try to subvert the medical system that has caused them to be distrusted and misunderstood over the past four centuries.

Returning to the present situation, in order to understand why *naturistas* might utilise such a strict interpretation of *naturismo*, and such distinct and specialised terminology about cleaning and balancing the body in their attempts to lessen their

³¹ A government-funded programme whose mission is to care and comprehensively promote the health of Mexicans who do not have social security and living in rural or marginalised urban areas in extreme poverty (IMSS, 2013).

patients' acceptance of allopathic medicine, I will discuss what it means to be healthy in the allopathic healing system in Mexico. Because allopathic medicine in Mexico is the state-sponsored healthcare system, and the most widespread system, it can be seen to have a great amount of cultural authority in relation to smaller, less understood systems. Due to the institutional support that it benefits from, the *naturistas'* desire to alter people's perceptions of health away from those espoused in allopathic medications is strongly in opposition to the medical recommendations given to the Mexican population by the media, the allopathic system and the government (Gendreau, 2003; Lerman et al., 2004; Reyes Frausto, 2001). While I have never seen evidence of an allopathic doctor referring to the treatment of illness as a 'cleansing' of the body, their desire to cure disease by ridding the body of outside invaders such as microbes, or internal deviant cells such as cancer, can be discussed using the same terminology in order to make a comparison.

In allopathic healing a 'clean', or healthy, body is one that is free of microbes, bacteria, viruses, and other outside irritants that cause disease. Allopathic doctors also view curing in terms of mind-body dualism, and they utilise a methodology of compartmentalising the body into discrete systems that can be treated separately (Annandale, 1998; Helman, 2007; Scheper-Hughes & Lock, 1987). In this way, medicine or medical treatments concentrate on one part of the body in order to fix the 'broken part of the machine' wherein the disease is believed to lie. This concept is particular to allopathic medicine, and in contradiction to the holistic methodology in *naturismo* (as well as many other CAM systems) of healing the entire body (Harrington, 2008; Jauregui et al., 2011; Smith, 2007; Smith-Hall et al., 2012; Scheper-Hughes & Lock, 1987; Trotter & Chavira, 1980). This is paired with the lack of education allopathic doctors receive about *naturismo*, and what *naturistas* see as their lack of understanding about the importance of 'cleaning' the body of toxins through food or natural remedies. With these basic premises in mind, it is clear that an obvious divide exists between the ways in which *naturismo* and allopathic medicine view and heal the body, which is maintained through the specialised language utilised by each healing system.



The emergency entrance at an IMSS hospital, complete with the Virgin of Guadalupe

In conversation one day when the clinic was slow, I asked Ernesto how well he thinks the government health system works. He immediately gave me a wry smile, shook his head and answered, “Not well at all”. When I gave him a quizzical look, he told me about the situation in Mexico City after the huge earthquake in 1985³². “After the earthquake, there weren’t any social services for people, they had to fix things themselves and help each other. The social services are a bit better now, but people are still prepared to help themselves with problems because they do not trust that the government will do it. The government is not well organised”. This disorganisation is seen to extend into the health systems as well. “The social security medical programmes do not work very well. They are the work of the government, and there is no real education for healthcare offered, the doctors there only give out

³² The 8.1 quake caused severe damage to Mexico City and is believed to have killed upwards of 10,000 people (Moreno Murillo, 2012).

pills. In my opinion it doesn't really serve a purpose. Most of my patients have social security for healthcare, but they do not like it, so they use both me and the other programmes". Even if the patients did voice any unhappiness with allopathic treatment, they are still unlikely to be referred to non-allopathic healers. This was confirmed to me by friends, who, when asked claimed that they had never, nor did they think they ever would, be advised to attempt an alternative form of treatment if allopathic healing failed. Likewise, most verified that what they knew of natural healers was that they were considered to be charlatans by their allopathic doctors.

Knowing the above, we can begin to understand why *naturistas* might want to subvert the dominant role of allopathic medicine in order to improve their own position, reputation, and patient base. By calling attention to the dirtying items that patients have ingested (either food or allopathic medications) and by making statements about the dirtying and unbalancing effects of antibiotics, they open up conversations into alternative methods and perceptions of health that their patients most likely have not considered. Although a whisper of blame is placed upon the patients for allowing themselves to become dirty and unbalanced, their ignorance about the sullyng effects of the foods and medications they have ingested places the brunt of the blame on allopathic doctors who have prescribed toxic drugs, as well as the government for allowing allopathic medicine to proliferate through their partnerships with large pharmaceutical companies and the importers and manufacturers of unhealthy foods. As was stated in an interview: "Allopathic doctors now do not recognise the importance of a clean body; they just put a damper on illness with antibiotics".

By calling attention to the failings of allopathic medicine in their consultations, *naturistas* are selectively choosing which aspects of a logic of care (Mol, 2008) they choose to engage with. In Mol's (2008) opinion, a healer choosing to work with a logic of care would be wise to always acknowledge when a healing practice has been ineffective – but not as a vehicle for finding fault in other healers or their patients. Instead, failed treatment should be acknowledged and learned from with the understanding that unknown variables will always affect the outcomes of care,

regardless of how prepared the healer might be or how well-prescribed a treatment might have been. Instead of (re)acting in this manner, I found that it was exactly the failure of a treatment, or the secondary effects of an allopathic treatment, that *naturistas* use as ammunition in order to defame allopathic doctors to their patients. This is most likely due to the fact that *naturistas* know that they are viewed with suspicion and incredibility by allopathic doctors. Therefore, they similarly attack allopathic medicine when speaking with their patients.

In this way, the *naturistas* are attempting to alter their patients' perceptions about the benefits and risks of different forms of healing, and subvert the dominant place that allopathic medicine has occupied in national opinion in the last century. In addition, their use of balance/imbalance as a defining factor for health capacity can be extended to metaphorically discuss the medicoscape in Mexico City, over which they have very little control, as previously discussed. By understanding the importance of equilibrium to everyday life in *naturismo*, it is easy to expand this concept to see how the lack of equilibrium in Mexican society can be seen as an attributing factor to the ongoing 'dirtying' of the society through the decisions made and actions undertaken for healthcare and a healthy lifestyle by the Mexican government.

Conclusion

This chapter has raised issues parallel with those seen in the previous chapter, but through the lens of bodily equilibrium as opposed to equilibrium (or equality) between healing systems. As I have demonstrated, by attempting to subvert the dominant role of allopathic care through the popular rhetoric of 'cleansing the body' or suffering from a 'dirty body', *naturistas* are not only attempting to alter their patients' perceptions as to what a good healing system or healer should be, but are also affecting the position of power that allopathic medicine holds by undermining the perceived benefits of allopathic medicine. In this fashion, the *naturistas* are living their own ideologies through their practice, while attempting to embed their ideologies into the national opinion one patient at a time. This is done by altering the

folk concept of hot/cold humoral qualities by using clean/dirty as the contrasting qualities that can disrupt or help regain equilibrium. Knowing this, we can see that the importance of changing their patients' perceptions about health, and how one can achieve health are of paramount importance to the success of *naturismo* in Mexico. How this is attempted and the resistance they face to this change will be discussed in the following chapter.

Chapter 5. Have You Been Eating the Dead?

“Let food be thy medicine and medicine be thy food” ~Hippocrates

One day while Ernesto and I were sitting in the empty waiting room of the clinic, we discussed why some foods are better for the body than others. Ernesto summed up his ideas with an analogy: “In Cuba, under Fidel Castro, the people were sometimes starving. They would come up to him and beg for food, telling him they were hungry. One day he forced a man to drink two litres of water, then asked him again if he was hungry. The man said no. The next day he returned and Castro did the same, and the man left again full of water but without any food. So you see, anything can fill you up, but that doesn’t mean it takes away the original problem that you have. That is how eating is, you can eat the wrong things, but they do not solve your health problems over time. In the same way that water will not stave off hunger forever”.

Radical Ideas

As this story shows, the foods we eat directly correlate with health and illness in the practice of *naturismo*. Most *naturistas* prescribe a vegetarian diet to their patients. Even among those *naturistas* who do not prescribe a vegetarian diet, dietary change is still seen as a necessary part of a *naturismo* treatment process, even more so than plant or herbal remedies. According to the proponents of vegetarianism, the focus on meat-free, natural foods is the key factor that defines *naturismo* and separates a *naturista* from other types of healers (Scolnik 1988). When in the clinic, I observed that prescriptions for a change in diet always led the list of recommendations, no matter what the ailment. Conversations often followed a common path:

Patient: I have so much pain. I have fibromyalgia and sciatica.

Naturista: Hmm. Are you eating the dead?

Patient: (Wearing a look of alarm) What?!?

Naturista: Meat

Patient: Yes, a bit

Naturista: Change your diet...no processed foods, and no meat at all.

Patient: What will I eat? I cannot even have fish?

Naturista: Eat more fruits and vegetables – you can have rice, beans, amaranth, potatoes, bananas, you do not need meat.

Although the patient might continue to appear skeptical, this type of statement usually ended the discussion on diet, and they would continue on with the consultation.

In asking their patients to become vegetarian, *naturistas* are recommending a foreign and seemingly radical alternative diet. Following Appadurai, (1981) who defines gastro-politics as “...conflict or competition over specific cultural or economic resources as it emerges in social transactions around food” (Appadurai, 1981:495), and social scientists who have discussed the importance of studying food habits that frame everyday decisions within a society (Ecks & Kupfer, 2014; Kooijmans & Flores-Palacios, 2014), this chapter focuses on the ways in which dietary choice and change can be seen as a form of semiotic gastro-politics in the Mexican context; and how the use of food nostalgia can be used as a tool to either alter modern perceptions of acceptable food behaviours or hold on to pre-existing socio-cultural food norms and habits (Holtzman, 2006; Sutton, 2001).

Food and Eating Habits

Food in Mexico can be defined as “social food”, in that the food itself acts as an important social tool that “bears social messages” and performs “critical social functions” based on how it is eaten, when, and with whom (Appadurai, 1981:494; Coleman, 2011; Garth, 2013; Helman, 2007; Holtzman, 2006; Lang 1985 in Anderson, 1996:255; Mintz & Dubois, 2002:107; Pilcher, 1998). Families unite around food, and recipes are passed from *abuela* (grandmother) to *nieta*

(granddaughter) within the kitchen. The ability to offer someone a nourishing meal is a sign of honour. Food traditions are sacrosanct, with items like *tamales* and *mole con pavo* being served for Christmas, *pan del muerto* on the Day of the Dead, and *chiles en nogada* throughout the autumn commemorating Mexican Independence Day³³. The specific foods and ways of eating in Mexico form a significant part of the Mexican identity. Food has been used as a defining cultural factor for years in the tourism industry, the twentieth century movement to develop a Mexican identity after the dominance of Spanish and French culture for almost four centuries, and the present day reiteration of cultural norms (Ochoa, 2000; Pilcher, 1998; UNESCO, 2010).

While interest in Mexican cuisine has also included adaptations to include multi-cultural influences in urban areas, traditional family roles have been slower to change. Many Mexican women still fill the traditional female roles as the family cooks and housekeeper while men go off to work (Garcia Cardona et al., 2006; Messer, 2006). Women continue to be the nexus of the home, and take it as a source of pride to be able to offer their family and guests good and abundant amounts of food. Likewise, Carsten (1997) and Pilcher (1998) have noted how food can be used as a tool for gauging how hospitable a person is, or as a way through which to communicate unspoken feelings. For example, in Mexico a mother might give the choicest bits of food to a favourite child, or burn her husband's tortillas when she is upset (Pilcher, 1998:106-107).

Comida, the main meal of the day, is preferably eaten at home with the family. Many work schedules still allow for a two hour lunch break to enjoy *comida*, and if possible, workers return home to eat this meal. Using the public transportation in Mexico City between noon and four pm on a weekday is extremely congested for this reason. When returning home is not possible, people eat at restaurants with co-workers or friends. Long lunches are still popular, and it is common to see business

³³ Tamale: cornmeal dough filled with meat and or cheese, wrapped in a banana leaf or cornhusk and steamed. Mole con pavo: a rich chile and chocolate sauce served with turkey. Pan del muerto: special bread eaten and offered to the dead. Chiles en nogada: a large chile stuffed with meat, nuts and spices, topped with walnut cream sauce and pomegranate seeds to symbolize the Mexican flag colours.

deals being completed over a meal. Rarely do people eat alone, and commensality is still an important aspect of everyday life. The importance of eating in groups offers a window into understanding the importance of food to the family and wider social networks; and begs the question as to how the Mexican diet, so key to commensality, has changed.

Traditional staple foods in the Mexican diet are corn tortillas, beans, rice, salsa, fresh fruits and vegetables (e.g. mango, papaya, corn and avocado) and meats (such as pork, chicken, and steak). However, modern dietary changes due to globalisation and the introduction of processed convenience foods have quickly found a foothold in the popular palate and contributed to the rising levels of obesity, heart disease and diabetes which are endemic in Mexico (Armus, 2002; Bertran, 2006; Daniulaityte, 2004; Ortiz Martinez, 2009; Pilcher, 1998). While individual convenience foods may not be understood as traditional Mexican foods, they do not appear to detract from Mexican cuisine either. Convenience foods are important for those who work in the cities with a very long commute home, or those who need to find satisfying and quick lunches during the day (Bertran, 2006). For individuals working far from home, the list of accepted and goods foods is altered to include dishes such as *tacos* and *tortas*, even though these foods would normally have been viewed as inter-meal snacks or acceptable for *cena* (light dinner) instead of *comida*.

However, convenience foods can include both healthy ‘natural’ and unhealthy ‘unnatural’ items. Fruit covered with salt, lime and chili or roasted nuts are ostensibly healthy; while ice cream, fried potato chips and pork rinds are unhealthy. While convenience foods have become an accepted part of daily life in Mexico City, and the population is accustomed to the availability and taste of convenience foods, there is still no consensus on whether or not convenience foods are viewed as snacks or meals, and whether they are healthy or not. As Waldstein (2008) found, many Mexican migrant women view eating street foods as something that leads to sickness and poor dietary habits overall. However, if their partners and children are away from home for long hours during the day, this often cannot be avoided. The women may urge their family members to eat good, home-cooked meals once arriving home

in an effort to negate the risks of eating in the streets. Consequently, after eating a calorie-heavy snack on the metro ride home, a person will very often eat a meal with their family, leading to an overabundance of calorific intake on a daily basis. This reliance on convenience foods combined with the desire of women to feed their families healthy home-cooked meals aids in understanding the definition of ‘healthy’ and ‘good’ that a patient may already have when they come to a *naturista*. It is often not the amount of fat, calories or carbohydrates a certain food might have, or what unseen effect that food might have on the health; instead it is how nourishing, filling, or satisfying a food is that leads food choices (Helman, 2007; Korthals, 2012).

Overall, food is a social binder and commensal tool, and it is also a part of the Mexican identity. This makes it hard to change traditional dietary tastes, habits, and customs in Mexico City. In addition, cultural conceptions of foods dictate how they can be used as potential sources of nourishment. A good food is not necessarily one that is good for us, nor is a healthy food always seen as good (Goodman et al., 2010; Kaplan, 2012; Vogel & Mol, 2014). As Luyas found (1991), large disparities can exist between a patient’s notion of a food and how a doctor (or healer) views the same food. In her study, she found that when people were asked why they ate, the answer was so that they could stop hunger, for strength and energy and to maintain health. Likewise, eating foods that “agree with the body” and balance the humours have been shown to correlate with healthfulness in Mexican-American women (Waldstein, 2008:104). In these examples, a disinclination to avoid any food that is seen as nourishing is in direct correlation with the desire to be healthy and to have the energy to complete work and other life activities. Conversely, for the *naturistas* ‘good food’ is any food that is natural, unprocessed, and free of animal flesh. For them, good food promotes health. In defiance of this view, patients seem to define good food as that which is nourishing, satiating, and which performs commensal duties.

Eating '*los muertos*'

Falling in line with the definition of gastro-politics, the semiotics of what 'good food' is in Mexico differs between the *naturismo* clinic and the home. Within the clinic, *naturistas* attempt to alter their patients' eating habits and conceptions about how 'good food' is defined in order to help them regain and maintain health.

Naturistas use harsh language to develop a consciousness about the true essence of meat. They instruct their patients by stating: "You need to stop eating the dead" or "you cannot keep eating cadavers". This visceral wordplay brings the eating of animals in line with cannibalism by alluding to the cadaveric status of edible flesh. Compounding the significance of this tactic is the use of 'you' when referring to the diet chosen, not the plural 'we' (*nosotros*) or plural 'you' (*ustedes*) that would refer to the patient and their family. The use of 'you' places the responsibility for eating the dead solely on the patient, and places the impetus solely on them to stop eating any meat products. This tactic differs greatly from the collective type of care discussed previously with the use of 'we' when telling a patient "we are going to clean out your body".

I witnessed conversations about eating the dead in various clinics. One day a woman came into Celeste complaining of high blood sugar and bodily pain, especially in her shoulders. She told Ernesto: "I used to have very bad circulation and now I have gained weight because I am always hungry". Ernesto listened to her complaints while taking her blood pressure and listening to her heart, then used Iridology while looking into her eyes. After finishing he told her: "...your body is inflamed, you are nervous, and you have congestion in your head". She agreed, saying "yes, I have headaches in the mornings!" Ernesto continued with a nod and a positive "*¡Vamos a limpiar!*" (We are going to clean!) He began to write out her prescription, and as she waited she asked him "Why do I hurt so much?" He replied, switching his pronouns, "*Porque tú comes todos los muertos*" (Because you eat all the dead).

Similarly, a new patient came to see Alfredo one Saturday in Prospero Reinaldo. He took her full history and looked at her hands, telling her that the problem was in her liver and uterus. She told him “my menstruation has changed recently, the bleeding has become heavier and for longer duration than ever before”. He asked her about her diet and she admitted to eating badly. He had her lay down on the consultation table and looked into her eyes with his mini flashlight, asking her “do you have pain here?” while pushing into a spot in her abdomen. “¡Sí!” she gasped in pain as he continued, “you have colitis and gastritis. There is also a lot of stress and tension in your body”. Once she sat back down in the chair he told her: “the first thing we will do is detoxify and decongest your body. You need to eat less fat, more grains and vegetables. You can eat whatever you want, just no *muertos*. No meat, no chicken, no fish, nothing...you need to clean out your body and get rid of the inflammation”.

The use of the phrase *los muertos* in consultations was often met with looks of shock by the patients: both for the jarring understanding of the way that *naturistas* defined meat, and for their confusion about what they could eat, if not meat. This tactic seems to be used in an effort to shock their patients into an alternate mindset regarding food, and positions *naturismo* in contradistinction with the widely accepted traditional diet in Mexico. In this way, it becomes clear that *naturistas* are practicing a type of gastro-politics in which food, and ideas about what good or bad food is, are cultural resources that are used as tools to begin changing people’s perceptions as to what it means to be healthy (Douglas, 1966). In this manner they help their patients to understand that their health problems are due to their own food choices, and that they can be healed with the help of the *naturistas* as long as they stay away from meat in their diet.

These are the basic Mexican eating habits that *naturistas* contest with when they tell their patients that they need to change to a healthy, vegetarian diet: both the importance of meat as a staple food item and the well-established place of fast food and convenience foods in the urban lifestyle. Fried *antojitos*, *carnitas*, *pollo*,

*pescado, res*³⁴, McDonalds, Coca Cola and potato chips – all are pervasive in the *chilango* diet, and all are off limits in a *naturismo* diet. This demonstrates the hurdles that both the patients and the *naturistas* must overcome: food choice based on taste preference, and habits of convenience. *Naturistas* often told me: “It is very hard for the people to stop eating meat. They are accustomed to it, it is everywhere. It is a part of our culture”. This disjuncture can cause a rupture in dietary epistemologies when a *naturista* first begins to attempt and change their patient’s diets away from the consumption of meat. If a patient feels that meat is full of health benefits, they will tend to have a harder time agreeing to give it up. In this way, both patients and *naturistas* are holding on to memories of what is ‘good food’. And more specifically, they are speaking from different internal understandings about what meat is, or is not; using food as, in Holtzman’s (2006) words, “a locus for historically constructed identity” (Holtzman, 2006: 364). This can be viewed as an effort to define themselves and where they have come from: the latter from a pre-Hispanic ‘natural’ lifestyle and the former from an economic background that can afford the luxury of meat.

³⁴ *Antojitos*: literally, ‘little cravings’– another word for snacks, usually fried or processed foods. *Carnitas*: pork braised or simmered until tender, *pollo*: chicken, *pescado*: fish, *res*: beefsteak.



Street stall selling antojitos (most fried or made with sugar)

What is wrong with eating meat?

As in many parts of the world, meat in Mexico is seen as a prestige item and a symbol of power. As far back as the eighteenth century visitors to Mexico noted the “profusion of meat” amongst the elite, which came to stand as a characteristic of Mexican cuisine (Fiddes, 1991; Montanari, 1994; Pilcher, 1998:65, 2006a). Meat and meat products are commonly viewed as necessary items for making a meal ‘complete’. Meat is what gives a *taco* its flavour, a *tamale* its filling, a man his strength and a mother her table’s crowning glory around which all other side dishes are centred. To have a meal without meat is to have a meal that is lacking – it is believed that this meal will not keep you full as long, and it will not be as satiating or flavoursome to consume. In the words of my friend José, “meat is what gives a meal its soul!”

In local parlance, the use of the term for meat, '*carne*', is literally defined as 'flesh'. '*Carne*' often specifically refers to pork or beef, but it can also be used to refer to all edible animal flesh. While chicken and seafood are not technically *carne*, they are still recognised as non-vegetarian animal products. *Naturistas* use the word *carne* to define all forms of animal flesh when discussing food choices with their patients. If this leads to any confusion, their conception of what constitutes meat is further explained with a printed diet sheet explaining which foods are prohibited; or in extended explanations such as "You need to stop eating meat – no beef, no chicken, no fish". To avoid confusion, and to speak to the view that eating any animal flesh is akin to 'eating the dead' I have chosen to use the term 'meat' here to refer to any edible animal flesh, including mammals, birds, fish, and crustaceans.

But the question still remains – what is wrong with eating meat? Most cultures around the world eat animal products as a part of their regular diets. So why are *naturistas* in Mexico opposed to the consumption of meat? Before discussing this it is necessary to ascertain whether meat is a natural food, and whether it is natural to want to eat meat. According to many *naturistas*, the answer to both of these questions is no. They see the desire to eat meat as nothing more than a product of modern culture, not a biological imperative. When one eats meat they are thought to be "*comiendo los cadaveres*" (eating cadavers). Meat is believed to be toxic, akin to processed foods or allopathic medicines. *Naturistas* refer to meat as the cause of numerous illnesses, as well as the cause of uric acid build-up. In their eyes, to eat meat is an unnatural process because they see humans as physically incapable of properly digesting meat.

However, in many cultures meat eating has often been correlated with strength, health, vitality and a part of a balanced diet. Numerous studies have discussed the value of meat to a healthy, balanced lifestyle; and in medical research a meat-free diet is rarely suggested as the recommended diet (Fiddes, 1991; Fleuriet, 2007; Kushi et al., 2012; Maskarinec et al., 2001; Zimmermann, 2011 [1982]). In Mexico, being able to afford meat is seen as a sign of success, high-class status and power. Due to its symbolism, in the early twentieth century meat became part of the national

dialogue on health, and it was felt that a lack of meat would hinder Mexico's development. Even today, meat is viewed as especially healthful and fortifying for men, and evidence has shown an increase in the consumption of meat when family income increases (Bertran, 2006:232-233; Caplan, 2008; Fenton, 2000; Pilcher, 1998, 2006a; Robert, 2011; Turner, 1980).

Conversely, a vegetarian diet is seen to correlate with "purity, lightness, wholeness and spirituality while, by contrast, meat and blood are associated with aggressiveness, base sexual instincts, an 'animal nature', and a disharmonious world" (Helman, 2007:54). In Hindu India, meat is shunned by vegetarians both because meat eating is seen to lead to violence and because meat is seen as impure (Desai, 2008; Rosin, 2001). In Enlightenment-era Christianity, vegetarian food represented peace and non-violence (Montanari, 1994). Generally, the reasons why people choose to abstain from eating animal products fall into three categories: ethical, health, and environmental (Kaplan, 2012; Fiddes, 1991; Jones-Shoeman, 2011). In *naturismo*, the purpose for demanding a vegetarian diet is foremost based on health, and as I will demonstrate below, vegetarianism also becomes a method to challenge the established diet supported by the state. However, the perception that meat is inherently unhealthy and unnatural makes up the major driving force behind the *naturistas'* attempts to encourage their patients to adopt a vegetarian diet.

How and why did vegetarianism become such a lynchpin for *naturismo* in Mexico, and not another health or dietary regimen? One possible explanation is the global *naturismo*/naturopathy institutional perception of meat. Based on available information on naturopathy in the USA and Spain, two possible influences on the practice of *naturismo* in Mexico City, there does not seem to be a definitive reason to require vegetarianism for patients. Some naturopathy sources tout the benefits of vegetarianism, although few make it mandatory; and most see the consumption of organic, lean meats as an acceptable part of a plant-based, unprocessed, preservative-free diet (Kerns, 2015; Murray & Pizzorno, 1999; Saz Peiro & Ortiz Lucas, 2006). Another possible source can be seen in the twentieth century works of Dr. Jaime Scolnik, the 'father of *naturismo*' from Argentina, who argues for a natural healing

method based in nature in which a diet free from meat, processed foods and alcohol was preferred (Buenasiembra, 2009; Scolnik, 1988). Due to the diverse and piecemeal forms of education that the *naturistas* have undertaken, any or all of these international links might account for the focus on vegetarianism. However, it is also possible that a focus on vegetarianism is a way through which *naturistas* question social norms in urban Mexico.

Government interference

Regardless of its origins, the necessity of a vegetarian diet openly challenges the advice given by the Mexican Government regarding healthcare and a healthy diet. In general, *naturistas* feel that the government supports the ingestion of meat and processed foods through a lack of interest in the health of the population; and by caring more for political and economic ties within the food industry than for the Mexican people. This reiterates what Ochoa (2000) found regarding the State Food Agency in Mexico in the twentieth century, in which concerns over power relations within the PRI³⁵ appear to have shaped public policy far more than any interest in eradicating social problems such as poverty or poor nutrition.

However, in 2014, the Mexican Government attempted to develop healthier eating and lifestyle habits through the “*más vale prevenir*” (it is better to prevent) programme. This campaign is part of the Social Security system, which advises people to eat better, exercise, and make better decisions regarding their food and exercise habits (Garate, 2014). There have also been some attempts to teach nutrition in schools, but these programmes are few and far between (Safdie et al., 2013). Diet-wise, there is a campaign underway called “*el plato del bien comer*” (plate of good eating) which is sponsored by Yakult, a yogurt drink brand in Mexico. The campaign suggests that the Mexican population eat an equal amount of three food groups: fruits and vegetables, grains and cereals, and legumes and animal products. While they also suggest making healthy, balanced choices and eating less fats, sugar and salt, the

³⁵ Partido Revolucionario Institucional (Institutional Revolutionary Party), the political party that has largely controlled Mexico since the early 20th century.

importance of animal-based proteins is also discussed as an effective and necessary tool for child development and tissue building and repairs (Yakult and Secretaria de Salud, N.D.).



El Plato del Bien Comer, photo courtesy of Nutricampeones (2010)

While this might be considered an appropriate way to think about eating, the recognition of the large importance of meat to the Mexican diet is seen in the adaptation of the *plato del bien comer* on the ISSSTE website under ‘correct food’. They utilise the same concept and categories of the original *plato del bien comer*, but in the pictures for the ‘legumes and animal products’ section, the area is dominated by various types of meats piled on top of peanuts, with some eggs pushed to the side. While the first plate seems geared towards children with its colourful ads, this second plate is geared towards adults who belong to the ISSSTE programme (Garate, 2014). This is important to note because it is the adults who are most often buying the food for their families, not the children, at whom the more balanced plate is directed. While the intention to have a balanced, healthy diet is there, and this may be an attempt to change Mexican’s eating habits, the message about lowering the amounts of animal fats and animal products gets easily lost. With these conflicting ‘plates’; what will the Mexican public remember about what they ‘should’ eat based on government standards when they visit the grocery store? Through these types of

organised actions, it appears that the Mexican Government is attempting to regulate the Mexican population and their health and eating habits through bio-power by using different campaigns to turn the “basic biological features of the human species” into objects for the advancement of their “political strategy...” (Foucault, 2007:1).

Analysing these two campaigns highlights the prevalent idea that in Mexico ‘protein’ means ‘meat’; and begins to explain the frustration that *naturistas* have with the government and allopathic medicine over their dietary recommendations. This offers evidence that for the *naturistas* a vegetarian diet is one that questions the moral authority of the normalised Mexican diet and the overall authority of the Mexican government. By linking the consumption of meat to death, we see their attempts to alter their patients’ eating habits as an anti-establishmentarian action, with the merits of vegetarianism being showcased in contradistinction to the government-supported carnivorous diet. This correlation has been noted in the past, and in Mexico speaks to the desire noted in the 1970s to practice a form of class resistance to allopathic medicine by seeking out alternative forms of healing (Crossley, 2005; Menéndez, 1983).

Nevertheless, it does not seem that their patients share this conception, instead viewing meat eating as the means to overcome an aspect of class division by demonstrating their ability to afford a status item. Therefore, here exist two competing forms of class resistance: one on the side of the *naturistas* through their support of an alternative diet which they hope will lead to the development of divergent food norms and the destabilisation of the prominent role of meat in the national sentiment. Through this, they aim to destabilise the stereotype about vegetarianism being a ‘poor person’s diet’. The second form of class resistance lies on the side of the patients, who want to live up to an ideal of prosperity and urban life that is marked by the consumption of meat, even though this has become a somewhat meaningless symbol since the cost of meat has fallen significantly over the past three decades (Ortiz Hernández et al., 2006).

This type of class-specific tension becomes more complicated when modern shifting class conceptions of moral eating are entered into the equation. Studies have found that upper class urban Mexicans do prefer to eat natural foods, seeing these as better linked to a moral understanding of one's own role in their health and as a link to familial and social histories. However, eating natural foods are not seen as a natural process, more as something that takes effort and necessitates a change from the conventional diet. If this is a normal mindset for the upper-middle classes, and with the influx of 'natural' items into the stores, it stands to reason that this preference for a natural diet might be spreading to other classes as well (Bertran, 2006; Kooijmans and Flores-Palacios, 2014:37). However, the lower classes still tend to choose foods that offer more nutritional energy for the lowest price, seeing satiating foods as a more moral choice because they will allow the eater to perform at their full potential in the workplace (Bertran, 2006). Unfortunately, natural in both of these contexts does not equate to vegetarian. Even when *naturistas* focus on the natural-ness or energetic benefits of their schema when discussing their treatment plan with their patients, they still make sure to correlate meat with death in order to shift their patients' perspectives to meat as an unnatural source of nutrition.

Meat: Mexico's historical diet?

The government's suggestion that meat is necessary to complete a meal or have a balanced diet is understandably not held by those *naturistas* who maintain that a vegetarian diet is not only healthier, but also a more natural way to eat. In this case, I do not mean natural only in terms of being sourced from clean, unprocessed foods. Vegetarianism is thought to be the method of eating that humans are biologically predisposed to eat. This concept, which has also been argued by scientists and social scientists, is spoken as truth by *naturistas* in an attempt to convince their patients and students that a vegetarian diet is superior and more correct than an omnivorous diet (Craig & Reed Mangels, 2009; Fieldhouse, 1996; Harvard Women's Health, 2009; Jabs, Devine & Sobal, 1998; Pizzorno & Murray, 1999). Alfredo once told a class: "People are accustomed to eating meat because we have been eating it for thousands of years, but when we began to eat meat we started to have worse health problems.

Illness is an invention of modern times. We did not get sick before we began eating bad foods. Our great-grandparents ate much less meat – maybe once a month, that was normal in Mexico, and they had better health than we do now...if you have the craving and need to eat meat, eat it raw. If you do not have the instinct of a carnivore then do not eat [meat]”. This was part of a discussion on the importance of having a healthy diet, which he ended by telling the class that we must “*volver de su origens, comiendo frutas, verduras*” (return to our origins, eating fruits and vegetables).

Similarly, a vegetarian diet is also touted as the way in which Mexicans ate prior to the Spanish conquest. Historical references note that indeed the Mexican diet was predominately meat-free for everyone except the wealthy before the mid sixteenth century. However, what the *naturistas* conveniently do not discuss is the fact that animal products were consumed when available to the poor, especially during ceremonial feasts or on holidays (Pilcher, 1998, 2006a). This nostalgia for the past is used to justify the return to a forgotten habitual method of eating that the *naturistas* deem as superior to that in the present day by convincing patients that it is desirable to return to their roots by eating like their forefathers. “Before the Spanish came the Mexican people did not eat meat. We had beans, corn, vegetables, fruits, nut, and legumes. We ate natural foods. And we were healthier then”. By harkening back to an imagined and idealized past, the *naturistas* appear to be attempting to reintroduce customs which have been filtered out by the modern Mexican lifestyle. And through this, they attempt to turn their patients away from supporting modern dietary habits and the hegemonic forces that promote these habits.

However, by speaking about food in this way, the *naturistas* are assuming that what their patients eat is a personal choice, ignoring the importance of long-seated habits in taste and food preference. As discussed by Bourdieu (1977) and more recently by Ecks and Kupfer (2014), habits are far more responsible for our choices than one may realise. Correspondingly, whether an edible item is viewed as food or not, in general or at specific times, is based on historic, economic and cultural factors that mold an individual’s or society’s habits over time (Carsten, 1997; Fiddes, 1991; Kaplan, 2012; Mu’min Chowdhury et al., 2000; Turner, 1980). For this reason,

eating habits have been recognised as one of the most difficult cultural traits to alter, meaning that anyone who attempts to do so without a strong, large campaign will face difficult blockages in their quest (Lupton, 1996; Lyngø, 2000:156). Therefore, without altering the wider ideas of what meat means in Mexico, *naturistas* cannot hope to gain full support from their patients.

Difficulties: Quitting ‘Cold Turkey’?

In an effort to ease their patients into a vegetarian diet and ensure that enough time elapses for effectiveness of their treatment to take hold, *naturistas* tend to ask their patients to maintain their prescribed diet and remedy plan for one to three months. One to three months appears to be far easier for a patient to accept than a permanent dietary change. Coincidentally, this is also the approximate time frame that psychologists claim is necessary in order to cultivate a new habit (Lally et al., 2010). Willingness to change one’s diet for a time in order to feel better seems normal, especially when a person is feeling unwell. How often will we forego our morning coffee, a glass of wine or a cigarette when we are ill? It is not hard because our bodies do not seem to want these things during times of illness. As a result, it is easier for people to change to a vegetarian diet when they feel unwell, and then return to their old eating habits once their health returns. But for the *naturistas*, *naturismo* is a lifestyle and a method of preventing future illness, not just a form of healing to be used when a person is already ill. In my observations, *naturistas* were often frustrated with returning patients who had been unable to stick to their new diet and subsequently were still complaining of the same symptoms they had previously. This tended to lead to them smugly stating that a patient was still ill because they had been ‘eating cadavers’.

Commensality

A vegetarian diet that is recommended with a short time frame is still seen as a radical lifestyle change in Mexico. The consensus amongst *naturistas* is that the hardest thing they need to do is convince their patients to change their diets. One told

me that he believes it is hard for *chilangos* to become vegetarians because “they all like to eat ‘Vitamin T’: *tacos*, *tortas*, and *tamales*!” Most others agree with this sentiment, stating custom and taste as the reasons why people cannot change their diets. As previously mentioned, habits and taste are difficult forces to counteract when it comes to food choices. However, I feel that it is the loss of commensality that is even harder to accept when adopting a diet different to that practiced by the majority of the population. Many anthropologists and other researchers have discussed the importance of commensality to the creation and maintenance of social relations (Appadurai, 1988; Caplan, 2008; Carsten, 1997; Coleman, 2011; Dietler & Hayden, 2001; Pilcher 2006b). This is no different in Mexico, where the main meal of the day is preferentially a familial affair, and where eating alone when away from home is a rare exception. The importance of eating together and the difficulties that arise with a varied diet can be better understood by examining two eating situations: eating out at a restaurant and eating in a family home in Mexico City.

For most patients, it is not knowing what to eat at a restaurant that thwarts their vegetarian diet. Alfredo and I were discussing restaurants one day as we walked down Avenida Álvaro Obregón, and he claimed that it is not hard for people like us (he and I) to find good vegetarian options. He claimed that this is because we understand that meat is not a necessary component of a good meal:

The people, they are ignorant to the fact that a whole meal doesn’t need to contain meat. They see the menu and see all the meat, and they do not realise that they can order the vegetarian side dishes because many of these are always vegetarian. All restaurants have vegetables, beans, rice, and bread. They can order these and be satisfied, but they do not think to do that. Another problem is that many restaurant that claim to be vegetarian still cater to meat eaters, so they use meat-replacement products³⁶, [then they] mix everything together and give you all the non-meat items at once. This can make you feel very heavy after eating and is not a good way to eat.

He huffed a bit in frustration at this, but then his ever-present smile returned and he predicted that things will change little by little, and in five years he expects the vegetarian offerings in Mexico City will be much better. The new offerings will

³⁶ Soya meat, tempeh, plus items like potatoes, rice, beans which add bulk for a cheap price.

change how the people view vegetarian food. This not only shows the creativity necessary to eat out as a vegetarian in Mexico, but also the difficulties that can arise when a vegetarian finds themselves in a non-vegetarian friendly environment.

Unfortunately, *naturismo* patients can still face similar problems in their own homes. Just as diabetics often claim to have a hard time sticking to their special diets when they are accustomed to eating specific foods and when their families are demanding and eating other types of food, a follower of *naturismo* is in the same position. A patient may have a particularly difficult time if they have never eaten vegetarian foods or if their family is not also following the same diet (Anderson, 1996; Arganis Juárez, 2013; Cohen et al., 1994; Luyas, 1991; Poss & Jezewski, 2002; Puskar-Pasewicz, 2010). For example, when a woman is the cook in the family as well as the patient of *naturismo*, she might find herself cooking two different meals: one for herself and one for her family. This might cause her to feel left out of the family meal, as well as causing a large amount of stress for her as the cook, necessitating the purchasing and preparation of very different foods. Conversely, if the patient is not the cook of the family, they might have a hard time getting the cook to create the types of foods they need to eat as part of a vegetarian diet. This can lead to non-compliance by the patient if it is too hard for them to access the vegetarian, natural foods they need without upsetting the family dynamic or being seen to reject the family dynamic outright.

In an effort to understand how difficult it can be to be a vegetarian in Mexico, I followed a vegetarian diet during the last three months of my fieldwork. One Sunday a month into this experiment, I went to visit the small town that Tania was raised in, a few hours from Mexico City. We stopped by her parent's house in the morning, and Tania asked me what I wanted to eat later for *comida* so that her mother could go grocery shopping. "Anything, I am easy" I replied. She jokingly, yet hopefully, asked "meat?" "I will be ok with beans and tortillas" I laughed in reply. Later that evening, Tania and her mother prepared a meal, with most of the cooking catering to my dietary needs. They made a large tray of sautéed vegetables to go along with the fresh tortillas, fresh Mexican cheese, and a purchased cooked rotisserie chicken that

they planned to eat themselves. Both Tania and her mother were concerned that I was not satiated, and kept asking me to help myself to more vegetables, tortillas, and cheese as we ate. They seemed to feel that without meat I couldn't be fully satisfied. I eventually had to insist that I was full, having eaten about a quarter of the kilo of tortillas and half of the vegetables myself. Tania's mother seemed dubious, but she let me push my almost empty plate away. I felt bad for having caused so much extra work for them, knowing that Tania's mother had gone to both a grocery store and a vegetable market to get what she needed to make our dinner. I couldn't help but feel how difficult it can be to follow a diet that is unique from the other people in your family or social group.



Lunchtime at a food market

Even when a person is ill, they cannot completely, nor is it desirable to, avoid commensal obligations. As Mol noted, “even if people in part disentangle themselves from family members, friends and colleagues in order to take care of their body with [an illness], they never cut all their ties” (2008:62). Eating the same food as your kin is correlated with making one part of the kin group, and avoiding food can be inferred to interrupt social and familial ties (Carsten, 1997). During the visible or noticeable stages of illness, when a person is acting out ‘the sick role’ (Foster & Anderson, 1978), it is seen as acceptable to not accept certain food offerings, as a

visibly sick person falls outside the spectrum of social norms surrounding food etiquette. But even within this allowance, it is still difficult to stay away from meat. While it is understandable to turn down something like cake, alcohol, or fried foods with a dietary excuse like “I have diabetes”, “I have high triglycerides”, or “I have cirrhosis of the liver”; it is still unusual to turn down meat for health reasons because meat is seen as fortifying to the body (Fiddes, 1991; Zimmermann, 2011 [1982]). This is most clearly seen through the common use of chicken soup and chicken and rice as remedies for colds and influenza.

Cost and time

After foregoing meat, the two most problematic elements for patients of a *naturista* prescribed diet are cost and time requirements. Many *naturistas* feel that natural medicine is cheaper than allopathic medicine, and in some ways they are correct. But diet, being such a key facet of *naturismo*, is another story. Year round Ernesto tells his patients to use a combination of papaya, pineapple, strawberries, and mango in their daily *licuados* (blended drinks). While these fruits all offer a huge nutritional boost, they are also the most costly fruits to purchase. Even in a *mercado* (market), fruits in urban areas are much more costly because they have to be imported from the surrounding States or even from the USA, Guatemala, or Belize. However, I only once heard a patient question the use of one of these expensive fruits. As Ernesto wrote out her prescription, the patient quickly spoke up, saying that she did not want to use papaya because it was too expensive at that time (the price of papayas had recently risen due to the fact that we were moving into the winter months). Ernesto nodded in agreement and changed her prescription to pineapple instead. Unfortunately, the cost of out of season fruits is quite nominal in comparison to the price of specialty foods such as tofu, other soy-based meat replacements, nuts, nut butters and cheeses. Many of these items are not manufactured in Mexico, and therefore carry the extra cost of their importation on top of the already inflated cost since they are low-demand items.

Most *naturismo* clinics have their own *tiendas* (shops) attached to them in which patients can buy healthy foods. However, these tend to double as pharmacies and do not carry a wide selection of foods, and some only carry dry or non-perishable items. Health food stores are growing in number, but they tend to focus on selling dried herbs, seeds, and natural snacks more than on items for cooking complete healthy meals. Large chain grocery stores carry a good selection of vegetarian proteins, but the cost is equal to or only slightly below that found in the *tiendas* of the *naturista* clinics. While the cost of meat compared to tofu might be comparable, the cost of meat can be less than many other vegetarian items (Ortiz Hernández et al., 2006). Therefore, it is the combination of special needs within a *naturismo* diet that causes the costs to exponentially rise. It can be both time consuming and costly to travel to specialty food stores to find special food items; and the focus on fresh, unprocessed foods means that people need to go shopping more often, as the foods have a shorter shelf life. Rice, potatoes and dried beans are cheap and last a long time, but they need to be supplemented by fresh fruits, vegetables and dairy items as well to form a complete dietary regimen.

Since food is such a key aspect of *naturismo*, this directly contradicts the conviction that *naturismo* is cheaper than allopathic medicine. The cost, both monetary and social, of a vegetarian diet can come at a high price to patients. However, *naturistas* do try to give their patients ideas and hints about how to cook and eat a vegetarian diet, attempting to make the shift as low-impact on the patients' lives as possible. By acknowledging the difficulties that can arise in terms of commensal relations, the effort involved in changing a customary habit and the financial costs that can be incurred; *naturistas* are able to mitigate the probability that a new patient might not return for a follow up consultation. A patient must not feel too alienated from the *naturista's* demands. Understanding this highlights the tension between a *naturista's* desire to be a good healer in terms of giving a patient the best help available, and being a good businessperson, realising that if a patient does not recommend you to others, business can quickly dry up.

Overall, the importance of a vegetarian diet within *naturismo* is fraught with tensions in the Mexican context. A change in diet that affects what, how, where and with whom you eat can significantly alter a patient's ideas about food, nourishment and their place within the social sphere of eating. As well as impacting their choice of healer based on the dietary requirements asked of them (Anderson, 1996; Appadurai, 1981; Helman, 2007; Turner, 1980).

Overcoming Resistance

In an effort to overcome some of the resistance to vegetarianism in addition to the references to *los muertos*, *naturistas* attempt to make vegetarianism seem more manageable, normal and palatable to their patients. *Pláticas* are offered in most clinics to teach patients about *naturismo* and how to live a healthy, natural lifestyle. As far as I can ascertain, these courses are not accredited by outside bodies, and are not used as part of a larger education programme to gain a diploma, certificate, or license. Instead, they exist to inform and educate the general population, helping make *naturismo* and a natural lifestyle more understandable and manageable for people who might not understand the basic tenets such as vegetarianism, the damage done by ingesting 'chemical' or 'artificial' medications and how to use natural remedies such as herbs. The classes are organised and planned by the healers themselves, without following any specific academic plan or outline.

In these classes, *naturistas* revert to the use of the pronoun 'we' when discussing how the students should practice healthier lifestyle and dietary habits. The instructor casually interacts with the students instead of lecturing in a manner akin to school or university. Questions are always welcome, and the feeling of the meeting is always quite informal. Because these classes are often attended by a majority of women, conversations often flow around female-specific issues such as menstrual cramps or how to keep their families healthy: "The most important thing for [ending menstrual pain is] detoxification by changing the food we eat. The first thing we need to cut out is meat. The body retains fats, sugars, and uric acid, so if we do not eat these things,

it is easier to keep the body clean”. “We get sick because we do not take care of our bodies...It is what we are accustomed to. We need to start with kids. What do they eat? And when? We can change their habits to be healthier”. As these examples show, the same concepts about diet and the role of meat in illness are maintained, but discussed in a more familiar manner. Especially helpful to the acceptance of *naturismo* is the group nature of the classes in which there is a mix of students who have attended for many months and new students. The older students often agree with the *naturista* and offer their own success stories: “I stopped eating meat because I had varicose veins and bad circulation. After I stopped eating meat my varicose veins improved, I have no more pain and the circulation is better”. This type of outcome is gold, and it aided in maintaining both the credibility of the class and of the *naturista*.

Back in the clinic, printed diet sheets detailing acceptable and unacceptable foods are used by the *naturistas* as examples of a healthy diet while patiently responding to their patients’ questions and concerns about what a vegetarian diet includes and excludes. These conversations are more easygoing and positive than the first half of the consultation in which the causes for illness is solely placed upon the diet of ‘*los muertos*’ or the toxic allopathic medicinal usage of the patient. At this point, *naturistas* might discuss and share easy ways for their patients to switch normal foods for vegetarian ones, like using vegetable stock instead of chicken in a soup, or using tofu to make tacos instead of pork; although, interestingly, I never heard one discuss their own favourite vegetarian foods. Regardless of that, the *pláticas* and the dietary advice offered appear to show their patients that *naturistas* are not only invested in the patients’ health, but also that it is possible to be a vegetarian in Mexico City; and that the patient is not alone in their journey to health. This helps to re-create and confirm a more familiar relationship with their patients, which seems to help negate some of the strict patient/healer power imbalance that is seen in other aspects of the consultation.

However, the fact remains that *naturistas* use their position as experts in their field as a way to make statements about the unacceptability of meat as a food item, which their patients rarely openly question. In this way, Mexican social hierarchy is maintained, in that the *naturistas* are seen as medical experts, not to be questioned by those under them, i.e. their patients and students. Meanwhile, the role of meat as a prestige and necessary food is put into question, altering the aforementioned hierarchy to the benefit of those classes who wield less political might. This calls attention to a tension that will be further discussed in chapter six, wherein the *naturistas* are attempting to alter class and social boundaries more generally through gastro-politics and other methods, while maintaining a position of professional superiority with their patients in an effort to create and maintain legitimacy.

Dr. Ernesto
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PERMITIDOS

CARNE (POLLO, PUERCO, RES, PESCADO, EMBUTIDOS, ATÚN, SARDINAS, ETC.)	<ul style="list-style-type: none"> ✓ MILTRIS (PORDAS O JUGOS) ✓ VERDURAS (JUGOS, ENSALADAS, CALDOS O COCCOS, OUSADIS) ✓ LEGUMINOSAS (FALLO, GARBANZO, LENTILAS, ALUBIAS, HABAS, O FOLVOS SECOS) ✓ LECHE Y SUS DERIVADOS (QUESO, PANECO, GOTTAGE, RICOTTA, PINEA, OUSADIS, CHERVIL, MARCHO, CREMA, MANTECAR)
AZÚCAR BLANCA HARINA BLANCA PAN (CON PRODUCTOS REFINADOS)	<ul style="list-style-type: none"> ✓ GERMINADOS (SOJA, ALFALFA, LENTILAS, TRIGO, ETC.) ✓ HONGOS (CHAMPIÑONES, SETAS, ETC.) ✓ SOJA ✓ CEREALES (MAÍZ, CEBADA, TRIGO, ARIZ, PAVARITO, CENTENO, ARIZ, ETC.)
REFRESCOS (BOTELLA, LATA, TETRAPACK)	<ul style="list-style-type: none"> ✓ GLUTEN ✓ ALGAS ✓ OLEAGINOSAS (NUCES, PIÑONES, PISTACHOS, ALMONDAS, PISTAS, CROQUANTES, ETC.)
GRASAS	<ul style="list-style-type: none"> ✓ MEL DE ABEJA, MIELICILLO, ✓ MELAZA ✓ MASCARADO ✓ HARINA INTEGRAL ✓ PAN NEGRO - PAN INTEGRAL (JELLY, MIEL, BARRA, OLIVO)
CAPÉ, CIGARRO, ALCOHOL	<ul style="list-style-type: none"> ✓ TORTILLA DE MAÍZ ✓ TORTILLA DE HARINA INTEGRAL ✓ JUGOS Y LICUADOS (NATURALES) ✓ YOGURTHS ✓ BULGARIOS, AGUAS DE FRUTAS (INDULZCEROS CON MIEL DE ABEJA) ✓ ACEITE DE MAÍZ (PARA COUSAR) ✓ ACEITE DE OLIVA (PARA COUSAR)

AV. DE LOS MONTES 36-3 COL. PORTALES MIRAVALLE
TEL. 5674-6203

A diet sheet given out to patients

Negotiation

The vegetarian diet may seem very black and white with little room for negotiation or deviance, and in almost all instances it is. The *naturistas* who recommend a vegetarian diet do not differentiate this diet based on illness; there is no illness for which meat-based foods are more or less acceptable. Instead, there is a universal ban on all meat products, processed foods, and items deemed harmful or dirtying such as sugar and alcohol. Differentiation is seen instead in the herbal or plant-based

remedies offered, wherein *nopal* (cactus) and aloe will be prescribed for diabetes and *cola de caballo* (horsetail) for kidney problems. However, *naturistas* are also realistic and understand that many people cannot easily change to a vegetarian diet right away. This can be for a matter of reasons, such as affordability, custom, ease of access to vegetarian protein sources, or just plain taste. When Ernesto saw one woman after Christmas who was in a lot of bodily pain, he told her: “You will have eaten a lot of meat over the last month for the holidays... These cause high amounts of uric acid to build up [inside your body] and many other problems. Say goodbye to *los muertos*”. She looked despondent, and asked if there was any meat she could eat. “You can have some fish. But only fish from the sea. That is the best”.

I asked him afterwards why fish had been allowed, since I thought a wholly vegetarian lifestyle was best. He agreed with me, but said: “Fish from the sea is less toxic than other types of meat. There are no hormones or chemicals added. They eat algae and less damage has been done to them than other animals. It is hard for people to switch to a completely vegetarian life right away when they are accustomed to eating meat. Wholly vegetarian is best, but a little seafood from the ocean is better than the rest”. I heard him make this exception only two or three times. I also overheard another *naturistas* begrudgingly allow fish in the diet if absolutely necessary, but this was usually understood to be a step towards full vegetarianism in the future. Fish seems to only be allowed when the *naturista* sensed a great level of hesitance on the part of the patient. This practice made it apparent that some animal products are seen to be less ‘dirtying’ than others. While red meat is viewed as the most harmful, fish is apparently less damaging due to a lack of exposure to harmful toxins.

This gradation of harm was explained to me by Naturista Margarita. Instead of demanding that her patients give up meat ‘cold turkey’ as it were, she feels that it is easier to get people to change little by little, giving them time to slowly change their eating habits. First, she recommends lowering the amount of red meat they eat, eventually weaning them off of all meat, chicken and fish. She understands that...

...it is hard to change their lives when outside influences, their families, the media, are telling them otherwise. If the mind is not strong and believing in the treatment they cannot stick to it. They tend to stop using my prescribed lifestyle and treatments when they feel better, but then they get sick again. They will be vegetarian, then return to eating meat. But it really depends on the individual as well. It is harder for a person to change on their own; they need a support group to keep each other motivated. A group will do better than a single person who has no support. It is similar to addiction, it is very hard for people to quit drugs on their own. People need help and a very strong conviction in order to change.

However, because it is preferable for patients to switch to a completely vegetarian diet, leniency is offered only rarely in order to avoid undermining the doctrines of *naturismo* that the *naturistas* hold to, as well as their position of power as healers.

Through the utilisation of shocking stories and perceptions about what meat is and the romanticising of a 'historical' Mexican diet, *naturistas* are attempting to convince their patients that vegetarianism is a preferable diet. In this way, they maintain a superior role by offering new knowledge in which patients are expected to trust. *Naturistas* concurrently utilise positive support mechanisms and attempt to normalise vegetarianism. The reason that both shocking and supportive measures are practiced by the *naturistas* appears to be due to a high level of resistance that they receive from their patients when they are asked to change to a vegetarian diet. It is the practice of these measures, counter-measures, forms of resistance and pre-existing foodways that frame their relationships with their patients and offer insight into the reason why vegetarianism is preferred, yet also why leniency is sometimes tolerated.

Conclusion

Understanding the above, it begins to become clear why many *naturistas* choose to recommend a vegetarian diet as the basis of their healing system. In the past, vegetarianism has been correlated with anti-establishmentarianism and more egalitarian societies (Crossley, 2005; Fiddes, 1991). This, in combination with the

dominant food culture and hegemony of allopathic medicine in Mexico leads me to think that the use of vegetarianism may offer an opportunity for *naturistas* to subvert normative Mexican food culture, and by extension the medical hegemony under which their careers are dominated by the government-backed allopathic system. This is evidenced in the ways in which they attempt to convince their patients that eating a vegetarian diet is superior to meat eating, which reverses the normative ideal that meat is a prestige item. In the clinic they link meat to ideas of illness, toxicity and death; and allude to meat eating as an individual choice for which each patient should take accountability. Meanwhile, vegetarianism is viewed as a communal lifestyle that can be shared between healer and patient, and a nostalgic link to Mexico's past: both of which feed into the familistic and group-centric mindset that dominates in Mexico. This also reaffirms the social order in which the group is valued more than the individual, which is felt to be lacking in allopathic health interactions (Crouch, 2004; Holtzman, 2006; Seligman et al., 2014).

In this way, *naturistas* seem to be practicing a form of gastro-politics as a means to change their patients' habits surrounding food, while mitigating any resistance and reticence on the part of their patients. However, these tactics can easily alienate people if the *naturista* comes across as too severe, unreasonable or unsympathetic: a fine line that is walked with each new patient. As I have explained, there are multiple barriers to the adoption of a vegetarian diet. It is by creating radical ideas about what a healthy diet is and by utilising a mixture of scare tactics along with friendly camaraderie that *naturistas* attempt to overcome any resistance they encounter with their patients. In so doing, *médicos naturistas* are attempting to re-train and retain patients to aid the success of natural medicine against the hegemonic forces of the government-approved and culturally normalised diet in Mexico City. They are, in essence, showing their patients that just because your leader gives you water to abate your hunger, this does not mean that water is the best way to alleviate hunger over the long-term, just as eating the wrong foods will not protect you from future illness.

Chapter 6. ¿Es Lo Que Hay (It is what it is)?

As Oxfeld (2014) noted, “Food choices function as responses to perceived moral deficiencies in the market economy and in the industrialized food system itself...” (Oxfeld, 2014:44). While this links nicely with the previous chapter’s theme on vegetarianism and its importance for health in *naturismo*, I would like to suggest that healthcare choices can also act as responses to the moral deficiencies in the medicoscape, both within individual healing systems and across healing systems. If viewed in this way, we can see that patients’ choices regarding healing methods and the ways in which healers such as *naturistas* engage with the moral aspects of healing and being a ‘good healer’ are responses to the moral and technical failings of the allopathic system. As a driving factor in the actions of *naturistas*, a moral imperative can be seen as a method of re-appropriating power from the dominant healthcare system instead of fatalistically accepting their position. However, this does not appear to give *naturistas* the type of power necessary to overcome their own internal group mistrust to become a recognised force in the eyes of the people, or the state.

Morality

On a chilly winter day I sat in on a consultation with a woman who suffered from uterine fibroids. We were all bundled up against the cold seeping into the room through the thin window: due to the *hacienda* style design of the building the consultation room did not get much direct sunlight, and as with most buildings in Mexico, there was no central heating. The patient sat hunched over, hugging herself against the chill and her pain, trying to hold herself together. She was clearly upset and seemed like she was at the end of her rope. She confessed to Ernesto that she had come to see him because her doctors had prescribed her a hormone-based medication and they wanted to operate to remove her fibroids. Shaking his head and wearing a look of disgust, he recommended a list of herbal remedies to strengthen her body and minimise the pain. After completing the prescription, he assured her that surgery to

remove the fibroids would not be necessary because they (she and him) could manage her problem with natural remedies. “Many times they do this surgery and it is not necessary. The hormones you have been taking in the medication are very strong. You should opt out of the surgery, this [prescription] will help with the discomfort”. The woman began to sit up a bit taller, allowing a small smile to play across her delicate features and a glimmer of hope to enter her coffee-brown eyes. She thanked him profusely and took the prescription paper from Ernesto’s hand, leaving with an air of relief.

As discussed in chapter three, it is felt by many *naturistas* that the relaxing of legal strictures against them is due to the overabundance of illness within Mexico which necessitates more healers, medicines and money than the government is willing or able to provide through its healthcare system. In their minds, instead of investing more money into the system it is easier for the government to turn a blind eye to the fact that patients are utilising alternative forms of care. Instead they take the unofficial line that if the people believe that alternative medicine works and they want to use it, then they can pay for it and utilise it as they wish. Cross (1998) noted this in his work on informal vendors in Mexico City where he felt that the informal market, while prevalent and officially denounced, does in fact appear to benefit the government by “...reducing public pressure for jobs and economic benefits” (Cross, 1998:4). As long as *médicos naturistas* cooperate with the COFEPRIS representatives and do not prescribe allopathic drugs (unless they have a license), and as long as their remedies do not cause serious side effects, then the government maintains their lack of engagement with *naturismo*. To the *naturistas*, this is less of an acknowledgement of their abilities than the opening up of a dam as the allopathic system allows the overflow of patients to spill out of their overcrowded and underfunded clinics into the open arms of (what the allopathic doctors see as) less-educated healers who can hold their patients over until the biomedical system can manage to help them.

However, it seems as though *naturistas* relish this role. They view themselves as the safety net waiting to catch those the government health system cannot help and the

sage counsellors who have knowledge that other healers lack: “I do get patients that have had a bad [allopathic] diagnosis... These patients need to clean out their bodies... The problem is the quality of care, the allopathic medicine is not good here”. With this quote, it is apparent that the moral role which *naturistas* take on is in not only a general commentary on the overall quality of food, medicine, and health in Mexico, but also on the care being touted by the government and media. Knowing this, I would like to suggest that there is an underlying moral failing within allopathic medicine that is pushing patients towards natural medicine. Instead of finding the care they need, they are passively refused treatment due to lack of correctly allocated state funding for medications and treatments, and to the lack of time for doctors to put towards consultations, attention and care.

Following this vein, it is easy to view *naturistas* as moral crusaders, acting and reacting to the state of health and healthcare in Mexico as if it was their moral imperative. As Mol said, “...caring itself is a moral activity...” (2008:79). If we view any conscious decisions for action as forms of morality (Robbins, 2007:311), then acting moralistically can be seen as an “...evaluation of conduct in relation to esteemed or despised human qualities” through the judgment of concepts and actions that the *naturistas* sift through in order to define ‘good healing’ (Humphrey, 1997:26). By choosing to act as moral healers, they teach their patients about what they see as the negative effects of using allopathic medicines and eating processed foods and meat while bolstering the positive image of a natural lifestyle. Concurrently, they esteem pre-Hispanic medical knowledge by valorising and sharing the strengths of indigenous medical ideals with their patients, which had been taken away from *chilangos* by urban life and allopathic medicine. This is an arduous process in which they simultaneously heal and teach their patients to recognise what a healthy diet and lifestyle should consist of, while ignoring their own bodily needs by refusing food and drink while patients are waiting to be seen. Through this process, or as Fassin would call it, their “moral labour” (2012:4), their moral status is further bolstered and made apparent to those around them.

Through the moral labour of the *naturistas*, the blame for illness causation and health ignorance falls away from the patients and onto those in power for both forgetting Mexico's natural past and for supporting the expansion of unhealthy diets and allopathic medicine. Herein, the *naturista* stands as the beacon of truth, helping their patients to understand how the foods and toxins they put into their bodies are directly linked to illness causation. This varies from allopathic conceptions of blame about illness, in which illness is seen as an external entity that has been able to infiltrate the body due to a patient's risky behaviour (Helman, 2007; Lupton, 2003). In Mexico City, this not only sets the stage for inserting a new understanding of the role a healer should have into the healing process, but also about the control a patient can regain over their own body and health. Viewed in this way, the *naturistas* are "claiming status through introducing unfamiliar distinctions" (Lotter, 2013:78). This is done by implying that the patients have lost control over their bodies due to the powerful influences of the government, multinational pharmaceutical companies and allopathic medicine. Control that only the *naturistas* can help the patients regain by teaching them what items they should allow into their bodies.

In this fashion they turn health into a synonym for morality by using their medical dialogue as a method of expressing their values (Crandon-Malamud, 1991). This is reminiscent of Catholic conceptions of purity (moral) and the sacred versus the polluting (immoral) profane (Mayblin, 2010:180). Those people who are healthy are seen to be 'clean' due to their shunning of meat products, allopathic drugs and other chemicals. To be healthy in this way is seen as a moral choice; one that the patients, once educated about the benefits of *naturismo* and the deficits of allopathic medicine and a carnivorous diet can make for themselves. If a patient chooses not to follow their prescribed diet and natural lifestyle, then they are choosing to act immorally, and the blame for future illness moves from the wider polluting and polluted culture to the patient him or herself. Combined with the call to return to a healthier pre-Hispanic past, this highlights and reinforces the moral qualities of *naturismo* and the immoral aspects of allopathic medicine even further.

In order to solidify their role through these unfamiliar distinctions, *naturistas* need to break the trust that their patients have for allopathic medicine. This rupture allows them to increase their moral standing, and opens up space in their patients' minds for *naturismo* as a commensurate option for healthcare. To do this, *naturistas* rely on the tools at their disposal to dissuade their patients from using allopathic medications and seeing allopathic doctors. The best tool they have is the knowledge that most patients choose to visit alternative healers due to a growing discontent with allopathic medicine. Because “[m]edicine...implies a moral intervention grounded on values and expressing sensibilities, with claims of altruism by professionals...” (Fassin, 2012:12), a failure to live up to this expectation by allopathic doctors gives *naturistas* an opening to widen patients' discontent by openly discussing the failings of allopathic medicine, allopathic doctors and the harmful effects caused by the employment of both. The cost of allopathic medicine, in terms of the physical toll it takes on the body, and in terms of financial cost is a further factor in the degradation of the supremacy of allopathic medicine. These types of comments are made in conjunction with statements about the benefits of *naturismo* and how *naturismo* is believed to be softer, easier to handle and overall beneficial to the body.



Pharmaceutical samples and informational brochures

Antibiotics are anti-life

One sunny spring day, while seeing an elderly patient who was suffering from knee pain after having had knee replacement surgery, *naturista* Mario told her that there was very little he could do for the pain surrounding her artificial knee. Using posters and a full-scale human skeleton as visual aids, he went into graphic detail explaining that the allopathic surgical steps taken during a knee replacement surgery affect the entire leg, and continue to affect the patient for the remainder of their life. He recommended that the patient use neural therapy along with supplemental natural remedies to help fortify and rebuild the cartilage in her remaining real knee. Looking startled after his demonstration, the patient sat still while her son asked if there would be any secondary effects from using these remedies, especially if they were to be used concurrently with allopathic medications. *Naturista* Mario calmly replied: “No, none. It is a natural item, there are no synthetic chemicals, no contradistinctions from using it. It will not negatively affect your body in any way”.

This vignette helps to highlight the performative morality of *naturismo* and *naturistas*. Through the open discussion about the risk of allopathic doctors causing the patients bodily harm instead of attempting to heal with more body-friendly remedies before resorting to surgery, they call attention to the fact that they are willing to work with the patient to achieve a better outcome with fewer negative side effects. In this way they compare themselves as healers, as well as the remedies and treatments they use, with allopathic medicine. These tactics put them into the position of ‘good healers’, and their treatment methods as better, smarter options. This type of action would be viewed by Barry (2006) as the use of evidence both to assess the efficacy of the alternative therapies in question, but also to influence how natural medicine might be presented for integration into a patient’s medicoscape.

Other straightforward statements used to dampen patients’ willingness to use allopathic medications include discussing the strength of allopathic medications as a detrimental feature. This is done by telling a patient that medications they have used for previous illnesses have been the direct cause of new problems: “The medicines

for hepatitis are very strong, it is criminal what they do to the body”, or, “antibiotics are anti-life...they cause the body systems to collapse and bring on more illness”. As discussed previously, the toxic and dirtying effects of allopathic drugs are constantly reiterated throughout a consultation. In this way, the *naturistas* seem to be attempting to ‘drill’ their beliefs into their patients’ minds in an effort to get some of these concepts and ideas to stick. This turns a consultation into a sort of ritualised event in which repetition is utilised to reinforce a belief or mannerism (Turner & Schechner, 1988:9), and in which the moral role of the *naturista*, and through this their validity, is likewise reinforced.

Naturistas also present themselves as better healers than allopathic doctors by making positive statements to patients about the curative abilities of *naturismo*. When a man came to see Ernesto one day after having been diagnosed with high blood sugar and the early symptoms of diabetes, Ernesto told him: “We can cure diabetes. The sugar in your urine is the body’s way of getting rid of the excess sugar in your blood. Allopathic doctors do not understand or really know about these illnesses, so they just give people medications. These just stop the symptoms, they do not fix the problem and then you have to stay on the drugs forever”. These types of statements not only reinforce the capacity of *naturistas* to cure an illness that allopathic medicine tells patients can never be cured, it also further reinforces *naturistas*’ validity as healers and as holders of a specific knowledge that allopathic doctors do not have, and who are willing and able to help their patients, as opposed to allopathic doctors who are “only prescribing drugs” instead of curing (Pirie & Rogers, 2013).

However, when viewed externally, these actions highlight similarities between *naturismo* and the way that allopathic medicine has moralised health as an obligation and “matter of ongoing moral self-transformation” (Clarke et al., 2003:172), which individuals must aspire to through the consumption of commoditised health-related goods and services (Metzl & Kirkland, 2010). In the clinics, not only are they setting themselves as a moral example of health, they are also creating a moral obligation for their patients to use their treatments and remedies by demonstrating the realities of

the polluting influences around them, and the power natural remedies have to combat pollution in order to regain health. I am doubtful that they would liken themselves to allopathic doctors in this way, but perhaps instead prefer to see themselves as a sort of David to the Goliath of the national health discourse, going “against health” as defined by Richard Klein (2010), by counteracting the “...myths and lies concerning our health that are circulated by the media and paid for by large industries” in order to “demystify their hidden moralising and their political agenda” (2010:16).

The cost of health

While the above types of rhetoric are not always effective in dissuading patients from the use of allopathic medicine, the claim that *naturismo* is cheaper than allopathic medication seems to have a substantial impact on patients’ choices. Natural remedies are sold for as little as MXN\$20 (£1.00) for a tea, while a treatment like neural therapy is offered for MXN\$600 (£30.00). In between are the pills, tablets, aromatherapy oils and supplements which run from MXN\$50 to MXN\$150 (£2.50-£7.50) each; as well as massages, colonics and acupuncture from MXN\$500 to MXN\$1350.00 (£25-67) per treatment. In comparison, allopathic prescriptions and treatments vary in cost depending on the make, type, and duration of treatment. For example, a package of Theraflu to alleviate flu symptoms costs around MXN\$60 (£3.00), while a course of antibiotics in a pharmacy can cost over MXN\$200 (£10.00). Monthly costs for type 2 diabetes drugs and treatments range from MXN\$500 to MXN\$3000 (£25.00-150.00) (Rodríguez Bolaños et al., 2010; Vela, 2013). An average visit to a *naturista* varies in cost from MXN\$150 to MXN\$600 (£7.50-£30.00), depending on the *naturista*’s location and method of healing. A visit to an allopathic clinic or hospital can cost anywhere from MXN\$150 to MXN\$2000 (£7.50-£100), depending on insurance plans. While some of the remedies and consultation fees are remarkably cheaper, there are obviously similarities and crossovers between costs in both systems.

Knowing this, why do *naturistas* claim that their methods are more economical? When delved into further it becomes clear that when they make these statements

about the financial benefits of *naturismo*, it is actually the long-term benefit of not paying for allopathic drugs over the course of many years, as would be necessary with a chronic illness that the *naturistas* are referring to. This is especially significant for patients who might be making minimum wage, which is around MXN\$65 per day (£3.25) (Byrne, 2013). In this way, they are negotiating not only an immediate use of their services, but also negotiating a life-long following by stating the financial benefits of curing chronic illnesses, not needing to use expensive allopathic drugs or treatments, and buying local, fresh, natural foods instead of processed and unhealthy foods. However, if the patient is unwilling to stop the use of allopathic medications straightaway, a *naturista* will recommend natural remedies to be used in addition to the allopathic medications.

Similar to the flexibility they sometimes allow in the diet, they will attempt to wean their patients off of the allopathic medications and increase their use of natural remedies over time. This is the same tactic and type of interaction seen in the previous chapter, which stops *naturistas* from coming across as too extreme and shut off from the realities of their patients' lives. By showing themselves as healers who are not looking to profit from their services and asking their patients to follow their treatment for one to three months in order to see the physical benefits of *naturismo*, they are more likely to convince their patients to switch to the exclusive use of natural medicine and reliance on them as a trustworthy healer.

By focusing on the comparison between themselves and allopathic doctors as well as between *naturismo* and allopathic medicine, especially through the ritual of completing a consultation that will assist their patients to move into health from the unhealthy lifestyle that the dominant Mexican culture has caused, *naturistas* are performing something akin to a social drama, with which we can begin to see the more "...nuanced understanding of the mediations of power and how these are often played out through symbolism, ritual, and public performances". Through their carefully chosen vocabulary, we see that they are enacting "...social dramas [that] can generate emotional intensity, mobilize moral solidarity, and encourage social reflexivity in precipitous moments that seemingly reside, on occasion, outside of

normal space and time” (St. John, 2008:110). This helps to reinforce their role as moral crusaders, furthers their validity as healers, and elevates them to a level akin to martyrs or saints, willing to sacrifice their own time, health, and money in order to help their patients return to health.

While *naturistas* do not refer to themselves as more moral than other healers in everyday conversation, their passion for healing and desire to save their patients from the ravages of allopathic medicine and the dirty lifestyle in Mexico City remind us that “all human activities are grounded on moral assumptions – often so much taken for granted that they are not perceived as such any more” (Fassin, 2012:5). If we view the role of *naturistas* in this way, it is easier to understand why they so zealously react to the discrepancies between what is said and what is put into action by allopathic doctors and the Mexican Government in terms of healthcare recommendations. In order to achieve a higher moral status than allopathic doctors, *naturistas* demonstrate a level of “resilience, ingenuity, and talent for improvisation”, which Lida (2008:330) saw in Mexico City residents as a base for creative entrepreneurship and commercial success. But in this case, these traits are also useful for convincing their patients to trust in their skills as well as maintaining a successful clinic from which to offer their services.

Power Imbalance

But why is an implicit morality a useful tool for *naturistas* to use when fighting against allopathic dominance in Mexico City? As Howell (1997) has argued, “...it is possible for two moral discourses to exist within any one society, each predicated upon a specific kind of sociality” (Howell, 1997:11). As such, it is obvious that as a medical subculture in Mexico, *naturismo*, as well as homeopathy and *curanderismo*, all have merits and act in specialised ways within their own moral frameworks in regards to healing (Helman, 2007:81). However, the reason why I feel that the morality of *naturismo* in opposition to allopathic medicine is such a key (yet non-verbalised) aspect to the argument for using *naturismo* lies in the power imbalance

that exists between the two healing systems. As discussed by Foucault (1980:93), power relations cannot be established or implemented without the production and functionality of a discourse. By viewing the *naturistas*' roles as moral crusaders in this way, I take Midgley's (1997) suggestion that anthropologists move away from focusing on the content of a morality to the method by which that morality is reasoned by the person (or people) who use it to justify their decisions (Midgley in Howell, 1997:14). In this context, morality has become a tool for developing a discourse that can be used to shift power relations between healing groups that cannot be as clearly attacked as a more tangible claim might be, such as efficacy or cost.

As stated by Nye, "...we experience power in our everyday lives, and it has real effects [on us] despite our inability to measure it precisely" (Nye, 2011 in Castree, 2014:182). In this instance the imbalance of power between medical subcultures in Mexico is a force that limits the influence of *naturismo*. And as Wolf (2001) found in Mexico, the foremost method of obtaining power appears to be political. As such, one driving factor for *naturistas* is the fact that although allopathic medicine and doctors can be seen as morally deficient in Mexico City, they do still hold a more powerful position in terms of their political influence and level of acceptance by the population. By using tactics of carefully cultivated terminology and by juxtaposing the positive aspects of *naturismo* with the negative aspects of allopathic medicine, *naturistas* in Mexico City are attempting to convince their patients that they would be better off both financially and health-wise by only using natural medicine. In this way, they seem to be attempting to undermine the dominant role of allopathic medicine in Mexico while simultaneously re-appropriating some of this power in order to give themselves more validity and engender more trust within their healer-patient relationships.

Based on the negative publicity *naturistas* feel that they receive from allopathic doctors, this could be a method to counteract those negative comments and assumptions that their patients may be hearing. Their active engagement with the negativity that they know allopathic doctors foster towards them gives *naturistas* a

platform from which to mirror this negativity back towards allopathic medicine, a strength that most allopathic doctors fail to grasp in their derision towards all forms of non-allopathic treatment. In this fashion, they are appropriating the rhetoric that allopathic doctors use about the limitations and costs of *naturismo* and turn it back towards allopathic medicine in order to detract from any positive contributions allopathic medicine has made, while ignoring any holism or positive outcomes that are present.

This speaks to Salverda's (2013) concept of defensive power, in which those that hold any power over a specific resource, such as a form of healing, have a tendency to react to any challenges to their position made by external forces by strongly defending their interests and any autonomy held. Most *naturistas* stolidly refuse to send their patients to an allopathic doctor, falling back on claims of their personal life stories and patient successes instead. This also refutes previous research into alternative healers in Mexico, in which it was claimed that 'traditional' and alternative healers were often more likely to send a patient to an allopathic doctor if they were unable to help the patient themselves (Alegria et al., 1977; Baer, 2001; Huber & Sandstrom, 2001; Ortiz & Torres, 2007). However, this is only a small step towards shifting power into their favour, and it is not only the allopathic doctors' opinion of *naturismo* that has created the imbalanced system in which *naturistas* find themselves the underdogs.

Corruption

In addition to altering power relations, *naturistas* must also contend with the power of inherent corruption in their quest to be seen as moral healers. As Ernesto's vignette demonstrated at the beginning of this chapter, *naturistas* do not feel that the Mexican Government or the allopathic healthcare system act in the best health interests of the population: instead, the government officials and allopathic doctors are thought to only go through the motions of curing or providing a healthy environment for the population while lining their own pockets with government-allocated healthcare funds. In addition, as Gledhill (2004) has noted, corruption

primarily works to the benefit of the powerful elite, and the government is a very powerful entity, able to shut down detractors and exert force to both promote and sustain its own agenda. In terms of health care, this means a lack of support or positive media for CAM, which is demonstrated through a conspicuous lack of CAM promotional materials or activities, in contrast to the multitude of promotional materials seen across the city for IMSS, ISSTE, and Seguro Popular. This type of corruption is also visible in the government's monetary support of the allopathic healing system. While I have no evidence of embezzlement or overt corruption myself, is a commonly held belief by both alternative healers and the general population that corruption within the government and government organisations is the cause of inequality across multiple facets of life in Mexico.



A health promotion billboard in the metro

This helps to explain why there is such an air of frustration and hostility in the way that the government and allopathic medicine are discussed by *naturistas*, both in private conversations and in consultations. When asked their opinion, I heard responses from *naturistas* such as: “In the government health system, the system just

does not work. There is so much corruption, and so many corrupt people working in the system. They take the money so that there is never enough money, or doctors, or clinics. And the doctors do not have enough time with the patients”. This lack of proper monetary distribution is thought to be due to the deeply rooted corruption at every level of the system – from the government department responsible for health (Secretaria de Salud) to the doctors themselves. But when it comes down to who, really, is to blame for the lack of funding, proper care and attention paid to patients, the ‘they’ in question is very specific: “It is sad because it is the politicians that take the money. They are very corrupt. There is enough money in Mexico for the health system, but it all goes to the politicians”.

The basic mistrust of the government and its organisations correlate with previous anthropological research on state corruption in Mexico, in which we see that the sprawling bureaucracy that is recognised for its shadowy political actions and the weak state that is unable to provide sufficient social services have led many Mexicans to feel a sense of powerlessness and deep mistrust for both their fellow man and for the government³⁷ (Lomnitz-Adler, 2001:60; Nuijten, 2003:9-10; Ramos, 1972). While corruption and overt power may have become an essential aspect in the running of modern Latin American states, something that has been documented in the Mexican Government, its organisations, and the accepted culture of bribery between government officials and the general population; corruption within the allopathic system or between the state and systems of CAM do not appear to have been widely researched (Aguiar, 2011; Alvarez et al., 1998; de Vries, 2002; Lomnitz, 1995, 2003; Morris, 1991; Nuijten, 2003; Taussig, 1997:23). However, I feel that the *naturistas*’ focus on the importance of cleanliness for health offers evidence of their acknowledgment of the existence of corruption both within the state and between the state and forms of CAM. Likewise, their need to help their patients regain equilibrium can be seen as a comment on the imbalanced power relations in the

³⁷ While violence might seem like a logical topic to discuss together with corruption in Mexico, especially in light of recent cartel activity in different areas within the country, I did not find the topics of violence or cartels to be ones which were discussed by *naturistas*. Nor did there seem to be much concern for cartel activities within Mexico City, where they supposedly have little to no power.

medicoscape, especially the perceived failures of the government to support (what they see as) a more effective type of healing: *naturismo*.

It is because of this deep-seated corruption, not only in healthcare but also in everyday life, that the allopathic system is seen to be unable to support the needs of the people, and why problems like misdiagnosis, over-prescription of medications, and a lack of care and attention are seen to be the results of both the government and the training that allopathic doctors receive. In conjunction, thanks to the preferred position gifted to them by the state, allopathic doctors can abuse their power without consequence, something that anthropologists have discussed as an inevitability since “In a socially stratified and culturally diverse society as found in Latin America, the relationships between medical systems reveal an asymmetrical distribution of power in society; between a dominant medical system (with a marked tendency towards institutionalisation and bureaucratisation) and one or more subordinated medical systems” (Pardo, 2004; Pedersen & Barufatti, 1989:487). This reality may worsen feelings of marginalisation due to the power imbalance between *naturismo* and allopathic medicine, but it also has helped to create a system that *naturistas* work around. In this way, corruption can actually be used to their advantage in order to continue their work while attempting to ‘save’ their patients from the corrupt, immoral and ‘dirty’ government and allopathic system.

Power

As discussed by Gutmann, power is continuously contested at all levels of society – by both those in dominant and those in dominating positions (1996:19). However, as Mayblin has discussed (2010:13), as an anthropologist, I cannot assume to know what ‘power’ means for my informants, nor how power might relate to their ideas of authority or morality. From what I have gathered, it appears that power is viewed as the ability to act within the law, while still bringing about a desired effect. This can be seen through the adaptation of the dominant system of legitimisation for healers, from which *naturistas* are often excluded, in order to further the spread of *naturismo*. A perfect example of this is Tania’s use of a government education system in which

she attended free classes to learn how to begin and run a business. She hopes to use this knowledge to open her own *naturismo* clinic one day. Although willing to take advantage of the government's training programme, she does not want to be seen as working for or supporting the government. While this could be seen as acquiescence to the power of the state, I feel that it is more an example of the "micro-politics of power" (Foucault, 1978), in which a *naturista* exerts their own power through their willingness to subvert the dominant system by appropriating various governmental benefits and twisting them to suit their own needs.

This tactic is also seen in the appropriation of allopathic tools and methods of diagnosis such as the sphygmomanometer (blood pressure machine). While the use of allopathic diagnostic tools sheds light on the importance of maintaining a certain aspect of credibility, it also removes some of the power that allopathic tools give to doctors through association. This not only challenges the dominant role of allopathic medicine through their superior tools and methods by removing some of the exclusivity these tools might originally have, but also seems to be a method of challenging the rigid class hierarchy in Mexico that is mirrored in the perceived value and power that different healing systems have. As noted by Abbink and Salverda (2013), the dominant 'elites' within certain areas of society have and maintain dominance "on the basis of certain (im)material characteristics, skills, achievements..." (Abbink & Salverda, 2013:1). In terms of doctors, these material characteristics, as discussed in chapter three, lend an air of credibility to a healer based on the widespread dominant correlation of white coats and stethoscopes to legitimate healers.

In order to upend this dominance of the medical elite and fulfil their role as good healers, *naturistas* need to demonstrate that they too have dominant skills and capabilities that both allopathic doctors and other CAM healers lack: that they are, in fact, a different type of elite in the medical world. If we assume that *naturistas* are aware of the position into which they are organised by popular opinion and through government initiatives, then it would make sense that they might judge their competitors on their lack of healing ability and moral fortitude while still utilising the

power-laden material aspects of the competitor's field. Derision towards allopathic medicine also appears to be a ploy to come across as professionals who have enough confidence in their abilities to not need to pander to allopathic medicine for acceptance or legitimisation, even if they might lack the legitimisation offered through formal education.

This is where their specialised focus on cleanliness as a defining factor in health and the unique requirement of a vegetarian diet come into play. By upending the concept of cleanliness to move away from processed 'clean' allopathic medications and foods that were previously solely affordable by the rich, and reclaiming cleanliness as a by-product of the diet of the poor (i.e. vegetarianism), *naturistas* also upend the correlation of the higher classes with cleanliness. In this way, they turn themselves into another form of elite healers who can provide something that others cannot, namely, an 'elite' (clean) body for their patients. The use of 'uncertain' categories in which an outcome of treatment has subjective definitions such as cleanliness and equilibrium also offers them a platform from which to lower their patients' uncertainty and rationalise the use of their treatments over those of allopathic doctors (Leibing, 2009:196).

In contrast to these attempts to re-define roles of power, there is also a measure of acceptance of their role as ignored and unregulated healers. In a broader sense, this is a pragmatic method of aligning with the culture of ever shifting power relations in Mexico. Every six years a new president is voted into office and brings his own new policies, plans, agendas with them. This includes new government organisations and laws to which the population is expected to abide (Nuijten, 2004). Because such fluidity is difficult to separate from pre-existing and new forms of corruption, *naturistas* appear to have no qualms about taking advantage of their marginal situation by partaking in business practices that are reminiscent of the informal market. This speaks to previous research on informal vendors in Mexico City and rural forestry workers who have ensured their success by both adapting to changes in state legislation and coming together as a united force when unfair legislation has threatened their livelihoods. It also gives evidence that this is not a trait unique to

naturistas, but one that is likely found across marginalised groups in Mexico (Cross, 1998; Mathews, 2013).

Opportunistic or fatalistic?

As expected, the fluid adaptations seen around personal and business relations in Mexico have been shaped by its unique history. In Lomnitz-Adler's (2001) view, modern Mexico maintains "...a logic that favors the development of personal relations, the elaboration of forms of obsequiousness and politeness, the cultural routinisation of bribery, and the use of bureaucratic rules and procedure as mechanisms of exclusion" (2001:61). By taking advantage of the informal market by offering their patients a faster, more economical and less regulated path to health; as well as the lack of institutionalised power in which the allopathic system is girded, *naturistas* are developing their own positions of power within *naturismo* and in contradistinction to other forms of CAM. In this way, they play on the edge of legality and illegality by utilising the culture of corruption in Mexico and the state's inability to control either its own service provision or them as unregulated healers to their own advantage.

This willingness and ability to move through the instability of the Mexican economic sphere in order to further their moral aims can be seen as a socio-economic factor akin to opportunism. Opportunism is defined as "The art, policy, or practice of taking advantage of opportunities or circumstances often with little regard for principles or consequences" (Merriam-Webster, 2013). While I dislike the assumption that to take advantage of an opportunity one must show 'little regard for principles or consequences', signs of opportunism are also apparent in the *naturistas'* confidence that they are responding to a great need in the population and an unfilled healing role as neither *curanderos* or doctors.

This draws attention to the fact that these methods of overcoming and working around the power of the state and state-sponsored healing system are more similar to

“everyday forms of resistance” than opportunism (Scott, 1990). Because medicine as an institution plays a strong role in “establishing the power of the norm” due to the mediating properties of medical knowledge between “the order of the body and the order of society” (Mol, 2002:58), the work of *naturistas* can be seen to be resisting the power of the allopathic norm. Gledhill has observed that resistance is worth anthropological focus because no part of society can ever be totally insulated from dominant power relations. Therefore, when our informants say that they are “resisting” something, they may actually be struggling “...to achieve new rights and social dignity in situations of inequality and discrimination” (Gledhill, 2012:1-2; Gledhill, 2014:507-508). Following Gledhill, we see that while *naturistas* are locked in a struggle to set themselves apart from charlatans and from other healers who they have deemed unequal to the task of healing *chilangos* (Mexico City residents), their resistance of the dominant medical norm continues in their unwillingness to acquiesce to the power of allopathic medicine. In this way they are displaying tenacity by engaging in the micro-politics of power, while constantly struggling to prove their capabilities and convince the population of the benefits of *naturismo*.

Expanding beyond political attributes affecting the interplay between (il)legality and recognition in *naturismo*, there are also socio-cultural factors that influence the ways in which the business of *naturismo* is practiced. Lomnitz-Adler notes that although corruption is disliked by most of the population, it will never be resisted until and unless it can be redefined as a decidedly negative practice (Lomnitz-Adler, 1992:253). If bribery and corruption are disliked yet tolerated and unchallenged, for example, by the paying of *la mordida*³⁸ to the police, then this offers evidence that fatalism may be an enduring and widespread socio-cultural characteristic in Mexico. Fatalism is defined as an “external focus of control orientation”, or the belief that all aspects of life are inevitable and controlled by an outside force (Robertson et al., 1997:512). However, it can also be seen as “an entirely rational way of coping with a world in which one feels powerless and has potential benefits, such as enhanced

³⁸ A bribe, commonly paid by drivers when police pull them over. It is easier to pay the officer directly for your ‘fine’, knowing that this is a corrupt practice, than to go through the effort of paying a fine through official channels or being delayed longer by the officer.

enjoyment of the present that Western, achievement oriented cultures tend to discount” (Heyman et al., 1997:51).

In Mexico, a fatalistic outlook may be seen in the phrases ‘as God wills it’ or ‘*Es lo que hay*’ (it is what it is). Past research has claimed that in Mexico it is common to believe in God’s control over one’s future. Other work has claimed that it is common for Mexicans not to put themselves forward for advancement within the workplace, not to fight serious illnesses, and not to raise issue with unsatisfactory lifestyles or life options (Agoff et al., 2007; Crouch, 2004; Drew & Schoenberg, 2011; Mirowsky & Ross, 1984; Robertson et al., 1997). Following these examples, I do not feel that fatalism should be viewed in this context as a cause of passivity or a “duty to bear one’s destiny”, instead it should be seen as a possible contributing factor for how decisions are made regarding a *naturista*’s position in the broader medicoscape, such as their lack of interest in any attempt to be fully recognised by the state (Agoff et al., 2007:1213). Or, as noted earlier, as a talent for improvisation and resilience in the face of overbearing forces that they cannot control. Bearing these characteristics in mind, the apparent underlying existence of something akin to fatalism, opportunistic ideals, and ‘obsequiousness’ in Mexican culture appear to be weaving together into a culture of rational compliance with the *status quo* by *naturistas* in an attempt to alter the imbalanced power relations in which and around which they work, without bringing too much attention to themselves with the governing bodies, or starting a formal resistance.



You cannot miss this clinic from the street!

Internal Mistrust

One might argue that *naturistas* do not seem to be acting in a fatalistic manner through their advantageous use of the instability and corruption within Mexico to forward their own aims. However, beyond the apparent opportunistic elements seen in the practice and promotion of *naturismo*, there is a noticeable lack of cohesion or association amongst *naturistas* that appears to hinder them from becoming more visible as a *force majeure* in Mexican healthcare.

Differing from other countries in North and South America, there are no official organisations that encompass all *médicos naturistas* in Mexico. While in the United

States naturopaths, chiropractors and other practitioners of CAM have fought hard to be recognised in the face of allopathic dominance, only allopathic and homeopathic doctors have developed and maintained active associations within Mexico (ANMGyF, 2015; Baer, 2001; Homeopatia de Mexico AC, 2015). Instead of discussing a desire to organise or associate themselves, the *naturistas* I worked with prefer to look outwards. They comment on the failings of the government health system and other forms of CAM such as *curanderismo*, seeing the flaws in allopathic and other alternative healing systems as the reason why many people are driven into their clinics. However, none of this action appears to correlate with a desire to further their own aims as a group. This could be due to a pervasive fatalistic world view, which authors have claimed is more prevalent amongst lower class Mexicans, or what I see in this context as Mexicans with less institutional power (Casavantes, 1970; Ross, Mirowsky and Cockerham, 1983). While the *naturistas* I worked with all appeared to be and claimed to be middle class, the possibility still exists that they may use a fatalistic world view in order to “mediate the effects of social class and Mexican ethnic identity on psychological distress” (Ross, Mirowsky and Cockerham, 1983:383), causing them to comment more on their opponents than looking inward for possible ways to improve their own position.

On a related note, a lack of regulation also appears to be perpetuated by internal mistrust. Many times I heard lamented that the lack of regulation of *naturismo* is one of the reasons why it is so hard to define natural medicine, and the reason why there are so many people who practice *naturismo* without any formal education, who make the ‘real *naturistas*’ look bad. When probed further, the *naturistas* making these complaints would mention that it would be beneficial to have some form of regulation – either in terms of certification or practice – though any ideas about how to make this happen or strong drive to change their position were absent from our conversations. However, as I alluded to earlier, it is possible that they have more freedom to practice in the manner they see fit by not becoming regulated or organising, giving them a position of strength that their allopathic counterparts lack.

Their lack of action could also be due to a lack of access to influencing actors within their social spheres that limits their ability to really enact change within the wider imbalanced society. Although power and corruption do play a role in how and whether *naturismo* is viewed or accepted in Mexico, there is also an existing and pervasive culture of class hierarchy that must be navigated in order to either meet useful contacts or to attempt to bring about change. This can be seen to directly correlate with the formality of Mexican culture, in which one needs to be introduced to someone in a more powerful position than themselves in order to build a business relationship with them (Crouch, 2004). For example, when attempting to get in touch with a very famous *naturista* in Mexico City who supposedly kept clinic hours, I was constantly deterred and was never able to get a committal response from his ‘people’ about setting up an interview or meeting. Had I known someone else who knew him, I would have been able to call upon them to introduce me.

Understanding how important these formalities are in Mexican culture, it is easy to speculate that a lack of connections could hinder the advancement of *naturistas* beyond their present socio-economic positions, especially in conjunction with their apparent lack of ability to organise. If there was more trust amongst *naturistas*, perhaps they would be able to better develop *naturismo* into a more defined ‘medical subculture’, in which all *naturistas* would have their “...own way of explaining and treating ill-health”, and they could be “...organised into professional associations, with rules of entry, codes of conduct and ways of relating to patients” (Helman, 2007:81). As it is, there is currently no evidence of any such organisation amongst the *naturistas* I met. Beyond working together in some of the larger clinics, *naturistas* seem to exist primarily in individual spheres of practice and influence.

This is reminiscent of mid-twentieth century Mexican literature in which a lack of trust in their countrymen and unwillingness to organise in order to bring about change were seen to be a lacking cultural trait (Paz, 1961). This has been perfectly summed up by Ramos, who felt that “...the will to cooperative action and to collective discipline is weak in Mexico...our life tends to dispersion and anarchy, to the obvious detriment of social solidarity” (Ramos, 1972:128). More recently,

Gutmann (1996) took note of the propensity to inter- and intra-group strife in Mexico when he stated that: "...at various levels of society power is contested by dominating and dominated groups and not just by individuals...this occurs at the society-wide level between elites and popular classes, as well as within elite and popular classes" (Gutmann, 1996:19).

Although these references are somewhat outdated, I did notice a survival of this type of mindset in the *naturistas*. Even those few that claim a desire to organise and build up group solidarity with other *naturistas* across Mexico spoke with derision about other types of *naturistas* in our interviews, and even within their own ranks they refer to others as charlatans. One extreme example of this was a *naturista* who explained to me that he felt that he was one of the only true *naturistas* in all of Mexico because he required a vegan diet and was able to read allopathic tests in order to diagnose illness. He also felt that anyone who had trained in allopathic medicine before becoming a *naturista* could "never be 100% *naturista* because their background in allopathic medicine will always influence their practice of *naturismo*". However, he also claimed that other *naturistas* were ignorant and ineffective because many of them have not attended university.

Similarly, once while we were sitting in her office drinking a much-needed afternoon coffee, I asked Maria if there were many *naturistas* practicing in Mexico City. She told me yes, but stated that some of these other *naturistas* were no good. Curious, I asked if these people she was thinking of were charlatans. She replied that yes, some were, but mostly she meant that these bad *naturistas* charged a lot of money and did not really heal their patients. She continued, explaining that the problem was that *chilangos* do not know about *naturismo*, so they do not know the difference between a good and bad *naturista*. The lack of knowledge of the backgrounds, requirements, and practices of other *naturistas* in the first example, and the open lack of faith in other healers in the second are troubling, but also illustrate the above point well. The lack of interaction between *naturistas* does appear to stop them from coming together based on their similarities that I, as an outsider, could clearly see.

Adding to this lack of trust for other *naturistas*, which is likely partially fuelled by the lack of regulation for *naturismo* education or certification and competition amongst themselves for business, I saw an overwhelming lack of interest in developing working relationships amongst *naturistas*. Those who work in larger clinics have contact with their colleagues, and those who work individually have some *naturista* friends, but this level of fraternity is tempered by the underlying mistrust for other *naturistas* that can be seen in their unwillingness to share their knowledge amongst themselves. For example, when they are teaching *pláticas* or classes, they will refuse to share their lesson plans with each other, guarding their knowledge jealously and refusing to co-operate with other *naturistas*. Within allopathic medicine, most doctors specialise in one area, and therefore need the input of other doctors for problems that extend out of specific body systems. Likewise, their continuing professional development (CPD) requirements, in addition to the constant advances in allopathic medicine/science seems to offer more opportunity to network with other doctors.

Conversely, *naturistas*, whose treatments are holistic by nature and thus encompass all of the body and mind, do not feel the need to seek out input from other *naturistas* for specialised problems, nor do they like to help each other out. They generally use a system of herbal remedies and diet therapy that does not benefit from scientific advances that would necessitate corroborating with other healers or going to conferences in order to promulgate new information or techniques. Herbal and plant-based remedies have been ingested and used to heal for centuries, so there is very little dynamic change to the pharmacopoeia over the years; whereas allopathic medicine is adapting, refining and changing all the time. But I would also suggest that it is competition for patients and legitimacy that makes *naturistas* unwilling to share their knowledge with potential competitors.

In general, *naturistas* appear to be unable to move beyond their individual lives and organise due to the “subtle forms of power that saturate everyday life” (Ortner, 2005: 46), in which they must continually work to stay afloat. This necessitates decrying both the external competition of allopathic medicine and those other *naturistas* who

might take away their patients. The instability and corruption throughout Mexico seem to hinder any thought of creating a cohesive or better regulated and represented group. Due to this, it appears that individual *naturistas* will continue the fight for legitimacy and acceptance by focusing on changing their patients' perceptions of health and diet one at a time, rather than on organising as a group.

Structural Imbalance: Conclusion

All of the above offers a window into the complex socioeconomic inequalities in Mexico that *naturistas* must work through and around in order to be successful. While I am not claiming that Mexico is any more or less complex than any other country or society, I do feel that the unique clashing of historically fatalistic ideals and opportunistic business senses are intertwined within the imbalanced class and economic pyramids in Mexico City. This, combined with the understanding and utilisation of aspects from both allopathic and other alternative forms of medicine seems to be a method in which *naturistas* comment on, work through and act upon the structural disequilibrium and rigid class hierarchy in Mexico (see Menéndez, 1983). As Crandon-Malamud (1991) noted, “medical pluralism helps create and regulate power within and between class relations, particularly between oppressor and oppressed groups” (1991:202). However, I would like to suggest that medical pluralism also offers opportunity to challenge power/class relations through the appropriation of more powerful symbols of medical legitimacy.

The acceptance and dislike of corruption, both a nuisance and an opportunity to work outside the system, is capitalised upon yet not available to *naturistas* as a real option for advancement. Likewise, the lack of certainty in terms of government initiatives with each successive presidency leaves Mexican society with an inability to plan far into the future. This seems to be one of the defining reasons why *naturistas* do not take much action in terms of trying to organise or professionalise themselves. When living in a perpetually unstable environment, one may not see the point in attempting to change the *status quo*. This is especially relevant when a *naturista* is able to

support themselves financially while still being able to convince their patients to switch to a natural lifestyle and the use of natural medicine.

Overall, it seems clear that *naturistas* are displaying ordinary power and acting out a moral role in their everyday lives in an attempt to resist and counteract inherent power imbalances in the wider medicoscape and the stratified Mexican society. Both of these attributes can be seen in the use of bodily cleanliness and equilibrium as goals for healing and as aspirational body states to inhabit. Herein, their specialised discourse becomes a form of political economy through which the body politic can be altered to categorise the “...human unrest, dissatisfaction, longing, and protest” that they themselves and their patients have “...into the idiom of sickness” (Scheper-Hughes and Lock, 1987:27). In this way, they are acknowledging that “...bodies (in health and illness) are impacted by structural systems and power relations” and attempting to channel some of that unrest or dissatisfaction into an alternate healing method (Foucault, 1980:9).

Through this *naturistas*, as disempowered people, can subvert the hegemonic structures and relations that they live within in order to achieve their goals. This is done not by voicing resistance to the dominant power, but by utilising a less tangible resource (Cheater, 1999:5). When viewed as metaphors beyond the literal bodily state, we see that cleanliness and equilibrium are oblique comments on the lack of equality or stability within Mexico more generally. However, due to inherent mistrust amongst themselves, which can also be viewed as an inherent disequilibrium within *naturismo*, *naturistas* in Mexico City currently appear to lack any real interest in being organised or recognised as a collective group. While they tend to agree that it would be beneficial to have some regulation in terms of education, this appears to be more important for limiting the number of charlatans that work under the guise of *médicos naturistas* than for bolstering their own position within Mexico.

Chapter 7. Conclusion

What this thesis has demonstrated is that within the medicoscape in Mexico City, there is a unique form of healing called natural medicine (*medicina natural*), or *naturismo*. *Naturismo* is practiced by a distinct type of healers called *médicos naturistas*, who maintain a sense of individuality in the face of many competing healthcare systems during their patient interactions. This is done by focusing on the ways that they differ from other systems, instead of focusing on any similarities that exist. Through long-term anthropological fieldwork, I found that *naturistas* appear to have a pervasive need to validate themselves and their healing methods in an effort to remove some of the hegemonic power that allopathic medicine, as the government-backed healing system, benefits from in the demonisation of all forms of complementary and alternative medicine (CAM).

This hegemony has led to a largely unbalanced medicoscape, in which *naturistas* are disregarded, and *naturismo* unregulated and unrecognised by the government, the media and much of the population. This mirrors the state of Mexico City society in general, which is known to be highly unequal, combining the “lowest level of relative poverty with the highest concentrations of urban poor” in the entire country (Connolly, 2003:2). Through attempting to re-balance the medicoscape by creating their own niche, we see that a concerted effort to focus on the unique attributes of *naturismo* is a tool to fight against the power imbalances that work against *naturistas* in the medicoscape and in Mexican society. This is accomplished through the focus on the clean/dirty state of the body based on what the patient has been ingesting, the prescription of vegetarianism in order to achieve health/equilibrium, and through discourse and actions that are designed to alter their patients’ ideas about what it means to be healthy, and how a good healer should act.

Some of the methods through which *naturistas* appear to be attempting to change the discourse in Mexico about what health is, how one can achieve it, and what foods the people should eat include the use of specific ideologies and rhetoric surrounding the clean or dirty state of the body, the importance of equilibrium to health, and the

polluting effect of allopathic medicines, meat and processed foods on the body. In this thesis it has been demonstrated that their interactions with patients appear to be the only way they can truly assert themselves against the government and the dominant allopathic healing system, especially when it is shown that a lack of internal trust or group cohesion between *naturistas* hinders their development into a cooperative unit. Reframed, their ideologies and discourse can also be seen as the only way that *naturistas* can bring a level of equilibrium into one aspect of Mexican society. By insisting on the same diet regardless of ailment and natural remedies despite historical stigma, they reframe the traditionally lower class vegetarian diet and use of herbal remedies as a healing method for all *chilangos*, regardless of class, through the strength of the collectively remembered and romanticised pre-Hispanic past.

In chapter two, I introduced my main informants, sharing their personal histories in order to contextualise the practice of *naturismo* in Mexico. Here I also noted the attributes of a ‘good healer’, which appear to underlie their actions, conversations, and choices in the clinic. These attributes are seen in various *naturistas* to differing degrees as the willingness to be self-sacrificing, the lack of willingness to compromise on their healing plan, and the desire to have their remedies be understood and used correctly. This chapter also began to discuss the ways in which *naturismo* is a distinct form of healing within the medicoscape in Mexico City. Although *naturismo* does share similarities in terms of remedies with ‘traditional’ Mexican medicine and in terms of diagnostic techniques with allopathic medicine, I have argued that it is their distinct backgrounds, non-religious yet non-biomedical methods of healing, and professional demeanors that set them apart from *curanderos*, allopathic doctors, and any other CAM healer. This offers evidence that the medically pluralistic situation is more complex in Mexico than previous researchers have noted, and the healers within different systems of CAM are far less likely to refer their patients to an allopathic healer or another CAM practitioner than some have suggested.

Instead, the competition for patients and the heartfelt belief that their method of healing is both superior and safer leads *naturistas* to actively discourage their

patients from using any other form of healthcare. Their understanding of what ‘nature’ and ‘the natural’ offer an initial clue as to why natural medicine is preferred. Nature, as that which existed long before the Spanish conquest and the modern Mexican state, and the natural, which has not been tainted by the effects of modern toxins, manipulations, or processes, offers *naturistas* and their patients a reprieve from what they see as the manic, dirty, detrimental, and damaged life that surrounds them in the city. This also helps to frame the other attributes of *naturismo* as anything that is seen to thrive outside of the unnatural urban centre, but also something that can be sought out and utilised as a weapon to counteract the detriments of modern urban life.

Following this, in chapter three, I discussed how *naturismo* is viewed and semi-regulated by the Mexican government, a regulation which is so slight as to be almost imperceptible by most practicing *naturistas*. Together with the lack of recognition or respect they receive from other healers and the media, *naturistas* have turned instead to create their own position, or niche, within the wider medicoscape. This has been accomplished by highlighting the differences that exist between themselves and other healers, even though similarities can be seen between their own healing practices and those of ‘traditional’ healers (*curanderos*) and allopathic doctors. I have argued that it is through the focus on these dissimilarities that *naturistas* reinforce their own status and legitimacy as healers. By claiming their superior education as a factor that puts them above both allopathic doctors and *curanderos*, they negotiate a position for themselves between the better-known healing systems of allopathic and *curanderismo*. Meanwhile, by reclaiming the knowledge and use of herbal remedies as a respectable cultural tradition instead of a lower class necessity they begin to reframe the class-based stereotypes that surround the use of plant and herbal remedies.

As an example of a ‘fourth sector of health’, *naturistas*, as an unassociated group of semi-professional healers, have individually taken up the healing discourse, remedies and diagnostic tools of both folk (traditional) and professional (allopathic) healers (Helman, 2007). Through their cooptation and utilisation of both ‘traditional’ herbal

remedies and allopathic scientific language and diagnostic methods, they continually re-create a different picture of what a professional healer is, while maintaining some of the comfort and personalistic attributes of a *curandero*. It is these traits that both bolster the identity of a *naturista* as a divergent type of healer from ‘traditional’ and allopathic healers, but which also create issues of contestation over what exactly makes them unique and better than these other two types of healers. By capitalising on their distinct attributes, *naturistas* are shifting the population’s perceptions as to who a good healer is, and what a professional healer should do. By using their individuality to re-negotiate their position within the medicoscape, they are practicing a ‘micro-politics of power’ (Foucault, 1978), undermining the dominant social institutions of the Mexican Government and the popular media, and the cultural norms they have shaped through their actions towards CAM more generally, and *naturismo* specifically.

Expanding on the ways in which *naturistas* make themselves seem uniquely qualified to heal their patients for whom nothing else has worked by redefining what health is, and how one can achieve it, chapter four discussed the role of equilibrium through a clean and dirty body in the discourse of *naturismo*. Links between equilibrium and cleanliness have been seen in other forms of healing, although in different ways and usually not as a literal cleansing of the body in order to bring about balance. In addition, it seems that the disequilibrium *naturistas* see in their patient’s bodies is an analogy for the lack of balance, or equality, between healing systems and Mexican society in general. As I demonstrated, by attempting to subvert the dominant role of allopathic care by referring to the use of allopathic medications and treatments as the cause for a ‘dirty body’, while boosting the credibility of *naturismo* by speaking to the capacity of *naturismo* to cleanse the body and boost immunity, *naturistas* alter their patients’ perceptions as to what a good healing system or healer should be. Likewise, they give credibility to the folk concept in which illness is caused by a dirty stomach, further challenging the view that folk conceptions are a lower-class domain, while affecting the hegemonic position of allopathic medicine by undermining the perceived benefits and high-class desirability of allopathic medicine. By altering the humoral concept of hot/cold illnesses and

remedies to instead refer to the qualities of remedies as clean/dirty, it is clear that adaptation is equally useful and alive within this healing framework, and the substitution appears to be an acceptable alteration for their patients to accept. Knowing this, we can see that the importance of changing their patients' perceptions about the state one's body needs to be in to be healthy, and how one can alter their bodily states through the use of different forms of healthcare (for better or worse) are paramount to the success of *naturismo* in Mexico.

If it is easy for their patients to accept the ideas of a clean/dirty body as a catalyst for equilibrium (health) or disequilibrium (illness), then the *naturistas*' insistence on vegetarianism proves to be the harder pill to swallow, as it were. As I showed in chapter five, asking their patients to forego a staple part of their diet, along with refraining from eating so many of the convenience foods and processed items that have become part of the day-to-day diet, if not the cuisine, helps to solidify the position *naturistas* have outside all existing forms of healthcare, and outside the dominant culture. While they do not refer to vegetarianism as a way in which to practice anti-establishmentarianism, their preferential adoption of a diet that was traditionally the diet of the poor, and the ways in which they build it as a better, more 'Mexican' way to eat does come across as a method in which to try and create a more egalitarian society, while subverting meat's role as a prestige item.

While I have noted the difficulties that *naturistas* face when trying to get their patients to follow a vegetarian diet, by speaking about meat as 'eating the dead', they are subverting normative Mexican ideas about what food is, and by extension they subvert the hegemony of the government-led nutrition standards. Instead of allowing a vegetarian diet to become a solitary dietary change, ostracising patients from their friends and families, they attempt to build rapport by turning a natural lifestyle and meat-free diet into a new form of commensality that can be shared first between healer and patient, and then with the whole family by normalising the diet repeatedly, and offering classes and diet sheets to assist the transition. This group-centric tactic reaffirms the importance of the family in Mexico, and the importance of respecting

the familial and group dynamic when attempting to alter any part of the everyday life.

Through their actions, gastro-politics becomes a means to change their patients' habits and ideas surrounding food, especially through the camaraderie they create by building relationships with their patients. However, they also use tactics of gastro-politics through the use of visceral imagery about meat in order to shock their patients into change, maintaining a distance between themselves as the knowing professional and their patient as an uneducated novice by blaming the consumption of 'the dead' on the patients themselves. In this way *naturistas*, by attempting to re-train and retain patients to further the popular knowledge and acceptance of natural medicine, are also re-creating some of the power imbalances that exist within the doctor-patient relationship in allopathic medicine. Nevertheless their friendly, welcoming demeanors and active efforts to create a more welcome environment for their patients, knowing that changing their diets is the most difficult part of their prescription, does appear to ingratiate them as more caring healers than allopathic doctors, and many patients do return for follow-up or continual treatment, whether they stick to the vegetarian diet or not.

While the first five chapters lead to an understanding of many of the social and political norms and relations in Mexico City that *naturistas* must work through and around in order to be successful, this understanding is solidified in chapter six. A fatalistic outlook is a symptom of the deep-seated corruption that penetrates all levels of business and government, while corruption also allows openings for opportunistic businesses to thrive. This clashing dynamic is seen across both the imbalanced class system and throughout different economic areas in Mexico City. But through corruption, there is still a hegemonic power that the government and allopathic medicine wield, and which the *naturistas* can only work around, not through. By being open to patients and their ideals, including folk illnesses and herbal remedies, as well as making themselves seem more professional and trustworthy through an understanding allopathic medicine, *naturistas* appear to be altering the structural

disequilibrium and rigid class system in which they have been placed by dint of their status, not their class, in Mexico City.

As I suggested, therapeutic medical pluralism can also offer opportunities for diverse healers to challenge power/class relations through the appropriation of more powerful symbols of medical legitimacy than their competitors. But without any sort of organisation or association, how can the *naturistas* hope to capitalise upon this? Although the group I worked with was small, from conversations with other friends it appears that in Mexico when you know that you are living in a commonly unstable environment, it becomes more important to focus on the day to day success of survival, and not on the larger schemes or ideals which were so instrumental in bringing about reform in Mexico's past. And in that way, focusing on one patient at a time, helping them as best as you can and trying to teach them enough to help them change their lives may be the small schemes and ideals that could bring about more change in the future. As I was told, natural medicine is more accepted now than it was in the past, so who can say how it might come to stand in the medicoscape and within public opinion in the future?

Overall, it seems clear that *naturistas* are acting under a moral imperative and displaying ordinary power in their everyday lives in an attempt to resist and counteract inherent power imbalances in the wider medicoscape and the stratified Mexican society. Both of these attributes can be seen in the use of bodily cleanliness and equilibrium as goals for healing and as aspirational bodily states to inhabit. Through this *naturistas*, as a type of disempowered people, can subvert the hegemonic structures and relations that they live within in order to achieve their goals.



A tienda naturista in a metro station repurposed to sell potato crisps

I hope that this thesis has come a small way to answering Irwin Press' (1971) call for medical anthropology research to focus on the range of curer types within a healing system, as well as their importance within their relative medical complexes, instead of trying to make sweeping categorisations of practitioners within a certain healing complex. Although some generalisations cannot be avoided, in this thesis I attempted to call attention to the lack of uniformity within *naturismo*, while finding correlations that appear to speak to the wider issues in Mexico that *naturistas* are trying to overcome through their health recommendations.

This project has brought to light certain pre-existing assumptions in medical anthropology and the anthropology of Mexico about the role of CAM within a medicoscape. By showing the dynamic and conscious ways in which *naturistas* reclaim certain aspects of both allopathic and traditional medicine, we see that there is far more blending of healing systems within Mexico than previously thought. Although pre-existing stereotypes between healing systems and class hierarchies do seem to reinforce the rift between systems that Menéndez (1994, 1998, 2003) warned anthropologists against maintaining, I hope that this research has shown that

naturistas in Mexico City are utilising this rift in order to better differentiate themselves from other types of healers. Through their disdain and active discouragement of the use of allopathic medicine, it becomes clear that not only is *naturismo* flourishing in the face of allopathic dominance, but that the *naturistas* have the wherewithal to harness their power in an effort to upset the hegemonic position of allopathic medicine within the medicoscape.

In addition, the importance placed upon body cleanliness as a prerequisite for equilibrium, and the lack of interest or use of hot/cold humoralism demonstrates a unique practitioner explanatory model for health that has not been previously discussed in anthropology. Instead, previous research has maintained that hot/cold medicine is still prevalent in Latin America, which my evidence clearly called to question within Mexico City (Foster, 1987; Helman, 2007; Lopez, 2005; Waldstein, 2006). Perhaps in rural areas this might still be the case, but based on my findings, this folk belief has been pushed aside in Mexico City, and in the case of the *naturistas*, replaced by the concept of a clean or dirty body for internal balance, not for the balanced ingestion of hot or cold foods or remedies.

Through the recommendation of a vegetarian diet, *naturistas* demonstrate the power that discourse can have on the acceptance or shunning of specific dietary items. By speaking about eating meat as ‘eating the dead’, and by valorising a vegetarian diet as the ‘way Mexicans ate before the arrival of the Spanish’ instead of ‘the way that the poor eat’, they alter the manner through which their patients will relate to these foods. As Mol stated, “knowing is transformative” (2015), and knowing what damage a food can do to the body can make it easier for a person to shun that food; while the knowledge about why a specific diet is beneficial and historically endorsed can make it easier to accept. This reiterates the important place that food holds in the creation of national identity, but also demonstrates that in addition to being a social binder, food and dietary change alter commensal relationships or break down class-based stereotypes through the conscious exclusion of hegemonic prestige foods.

Far from upholding a static view of Mexicans as fatalistic, *naturistas* instead can be seen to be using their marginal position in order to stop the government and the dominant healthcare system from relegating them to a category with *curanderos* and *espiritistas* (spiritualists) as ‘traditional’ healers. Instead of reiterating evidence in previous research which demonstrated that alternative healers in Mexico are often willing to recommend their patients visit an allopathic doctor if they could not help them, here it is apparent that *naturistas* prefer to blame allopathic medicine for their patients’ illnesses in an effort to boost their own credibility (Alegria et al., 1977; Baer, 2001; Huber & Sandstrom, 2001; Ortiz & Torres, 2007). This offers evidence for the strength that a moral fixation can have upon ordinary power, and upon the ways in which defensive power can be used in regards to a commodity such as health in Mexico (Salverda, 2013). By studying the ways in which *naturistas* take up a moral stance through their actions and discourse while working within and around the rules of the medicoscape and society that bind them, it appears that a moral outlook can be rationalised to justify the ways in which corruption and power are utilised by marginal groups in order to try and balance out an unequal society (Howell, 1997:14).

Potential for Other Studies

This project has opened up multiple areas for potential future inquiry by anthropologists. Some areas into which I was unable to gather information were the use of *naturismo* by the patients, their perceptions of *naturismo* as a healing system, and the matter of efficacy in the use of natural medicine. As Waldram noted (2000), there has been a historical lack of research on the efficacy of alternative medicine. This is due to multiple issues, including the definition of scientific inquiry and evidence, and the format of the scientific method. However, I feel that it would be fruitful to undertake long term research with patients of *naturismo* in order to try and gauge both how they conceptualise natural medicine in their everyday lives, and whether there is any measurable efficacy to be seen.

In addition, the focus on vegetarianism as a remedy and form of prevention against further illness opens up a new door through which commensality, gastro-politics, and food as a commodity can be examined by anthropologists, and through which medical anthropologists can enhance the field by extending the study of health and illness to include the benefits or detriments of specific dietary patterns to health. Similarly, by conceptualising health as a matter of internal cleanliness, there are opportunities to further compare the tenets of *naturismo* to other forms of CAM in order to trace the origins of this concept, possibly finding further links or fissures between forms of healing within Latin America or across the world.

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